STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No.~ Registration District No. Primary Registration District No. 2.136 Local Registrar's No..... PHYSICIAN 2. FULL NAME..... Residence. No. (If nonresident give city or town and state) (Usual place of abode) Length of residence in city or town where death occurred. vrs. ds. How long in U.S., if of foreign birth? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married Widowed, or Divorced (write the word) 3.SEX 4. COLOR OR RACE 21. DATE OF DEATH (month day, and yes I HEREBY CERTIFY. That I attended deceased from...... 5a. If pouried, widowed, of HUSBAND of (or) WIFE of , and year 6. DATE OF BIRTH (month, de of death and related causes of importance If LESS than Date of onset 7. AGE Months Years Days 1 day, hrs. or ... min. 8. Trade, profession, or particular kind of work dome, as spines, sawyer, bookeeper, etc...... OCCUPATION 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... Other contributory causes of importance: 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and vear) 12. BIRTHPLACE (city or town).. (State or country) FATHER 13. NAME What test confirmed diagnosis? Was there an autopsy? 14, BIRTHPLACE (city or town). (State or country) 23. If death was due to exter Icauses (violence) all in also the following: Accident, suicide, or homicide? Date of injury 193 15. MAIDEN NAME Where did injury occur?. (Specify city or town county, and State) 16. BIRTHPLACE (city of town) (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) Manner of injury..... Nature of injury...... 24. Was disease or injury in any reversighted to occupation of deceased? If so, spe (Address) Registrar. (Address

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	·I	EXAMPLE II	শ্বর্জন 💎 🔻
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year
ADDITIONAL SPACE I	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

Jan Brook Co. Co.				\checkmark
ı • osallığı	COM A MITH. ON THE	4 *** **		
PLACE OF DEATH	STATE OF ID. DEPARTMENT OF PUBL	AHO	DO NOT WINDER	T MITTO ON LOW
	BUREAU OF VITAL	LIC WELFARE	DO NOT WRITE IN	THIS SPACE
County of Ada			5 8	8036 I
City of Boise	CERTIFICATE C	F DEATH	State File No	
City of Down	_		Deate 1116 110	
	Registration District No	X		
		1001	ies	80
	Primary Registration Distric	t No. 1004	Local Registrar's No	
	(No. St. Lake:	e Pospital		,
(If death occurred	in a hospital or institution, gi	ve its name instead	of streat and number	·, 16
2. FULL NAME	Baby Dewey	. s res name meteau	or server and number)	<i>F</i>
- I CEE NAME			Dadaa T	
(a) Residence. No	618 So. 13th	1. 50.	Boise, I	dah o ·
(Usual place of abode)		(If nonre	sident give city or town	and state)
Length of residence in city or fown		mos. ds. How long i	in U.S., if of foreign birth	n? yrs. mos. ds.
PERSONAL AND STATIS		MEDICA	AL CERTIFICATE OF I	DEATH
3. SEX 4. Color or Rac	e 5. Single, Married, Widow-			
•	ed or Divorced (write the word)	21. DATE OF DEA	ATH (month, day and ye	ear) 3/12 1934
	·	22 I HERERY C	ERTIFY, That I attend	ed deceased from
5a. If married, widowed, or div	orced	Male 100	zatili i, inat i attend	
(or) WIFE of			., 1934 to Met. !.	2.7 193
6. DATE OF BIRTH (month, de	IV. and year)	I last saw h	li ve on 5/2/6574 198	death
March 12, 193		11	on the date stated abov	e at \$:/5 P.m.
7. AGE Years Months	Days If LESS than		se of death and related	
	1 day, hrs.	tance were as 1		Date of onset
	or min.	Still G	on cause o	> Date of order
8. Trade, profession, or parti	oulon	time .	1 11-11 16	£.
kind of work done, as	linner		2 	cas
sawyer, bookkeeper, etc 9. Industry or business in w		under	WK	
work was done, as silk m	nich Hi.	Skin Z	vaewated as	1/20'
saw mill, bank, etc	*****	deally	and annual a	Danie-
kind of work done, as an sawyer, bookkeeper, etc. 9. Industry or business in w work was done as silk m saw mill, bank, etc 10. Date deceased last work ed at this occupation	11. Total time (years)	tines		
ed at this occupation (mo. and yr.)	spent in this occupation	Other contribut	ory causes of importance	:
	occupation	:∥	·	
12. BIRTHPLACE (city or tow	n)Boise. Idaho		• • • • • • • • • • • • • • • • • • • •	
(State or country)			• • • • • • • • • • • • • • • • • • • •	
13. NAME Birnam (Daway		• • • • • • • • • • • • • • • • • • • •	
18. NAME Birnam		Name of aparetic	n	Data of
14. BIRTHPLACE (city or to (State or country)	own). N. Dakota	Name of operation		Date of
(State or country)		What test confirm	ed diagnosis? Was tl	nere an autopsy?
MAIN MAIN MAIN	garet L. Pugg	23. If death was	due to exter'l causes (vi	olence) fill in also
16. BIRTHPLACE (city or to (State or country)		the following:	,	-
16. BIRTHPLACE (city or t	own) Boise, Ida.	1	or homicide? Dat	e or injury, 193.
(State or country)	· · · · · · · · · · · · · · · · · · ·		y occur?	
17. INFORMANT B C D.	WAV	H	pecify city or town, cour	•
(Address)			njury occurred in indus	
18. BURIAL, CREMATION OR-	Boise, Idaho	H		
Morris	1111 3/13/34	Manner of injury	· · · · · · · · · · · · · · · · · · ·	
Place	Date 193			
19. UNDERTAKER W M.	Rratner. Haise	24. Was disease o	r injury in any way rel	ated to occupation
(Address)	Trachot dorse	of deceased?		
20. FILED 3 1.3. 193.4	41) XI Kh NAO	(Signed)	y. M. day	M. D.
20. FILEIL	Registrar.	(Address)	Baile	Idelia

STATEMENT OF OCCUPATION .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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Date of onse
Date of onse
Date of onset
1 week ago
1 weck ago
3 days ago
1 year

MARGIN RESERVED FOR BINDING

ENVELO MR TO - 536	STATE OF ID	ОАНО		
PLACE OF DEATH	DEPARTMENT OF PUR		DO NOT WRITE IN	THIS SPACE
County of Lewiston	BUREAU OF VITAL		C 8	8344
N 7	CERTIFICATE O	F DEATH	State File No.	, , , , , , , , , , , , , , , , , , ,
Sity of Nez Perce	Registration District No	009		
	Primary Registration Distri	ict No.96	Local Registrar's	No
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(No. St. Joseph's Hurred in a hospital or institution,	ospital)	. 1.
2. FULL NAME Infant				200
(a) Residence. No		St. G	vangeville. Idah	k
(Usual place of abode) Length of residence in city or town who	ere death occurred. yrs. mos.	ds. How long in U	If nonresident give city or . S., if of foreign birth?	town and state)
PERSONAL AND STATIST	ICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DE	ATH
3.SEX 4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH	(month day, and year) 🎾	34 7 193
Female White	Single		ERTIFY, That I attended	deceased from
5a. If maried, widowed, or divorced HUSBAND of		11	ac 1934 to Ach	<u></u> , 1934
(or) WIFE of		*	foll q	. · •
3. DATE OF BIRTH (month, day, and	l year) Feb. 9. 1934	to have occurred on	the date stated above, at of death and related cause	A) 36/m.
. AGE Years Months	Days If LESS than	were as follows:	una romica causi	Date of on
0 0	0 1 day, hrs.	A To I	in war	2
8. Trade, profession, or particula kind of work done, as spinne sawyer, bookeeper, etc	r	n Zeh	7537	
kind of work done, as spinne sawyer, bookeeper, etc	None	Jule 1	m	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Other contributory	causes of importance:	
12. BIRTHPLACE (city or town)	Lewiston			
(State or country)	Idaho		/// -0	
13. NAME Innes ES Whent	<u> </u>	Name of operation	ablice 7 Lests liagnosis? Wast	Pate of Sou
14. BIRTHPLACE (city or town). (State or country)	Illinois	li .		•
(Blace of country)			exter'icauses (violence) fill i	
	E. Whyman	Where did injury or	nomicide? Date	or injury, 18
16. BIRTHPLACE (city or town). (State or country)	rat known		(Specify city or town cour	
17. INFORMENT J. S. Heiti (Address) Grangeville	h R Tdaho		ry occurred in industry in	
18. DURANTE CREMATION OR REMO	· ·		A STATE OF S	•
19. UNDERTAKER Vassar-Shar			ary in any way related to occ	
(Address) Lewiston.		If so, specifx		
		[4]	- 10 (O (A A A -	-777 ₋

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EXAMPLE I		EXAMPLE II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		• *	
Other Contributory causes of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
		2 8	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
			•••••

JUN 1 4 1984 STATE OF IDAHO AGE should be stated EXACTLY, PHYSICIAN, properly classified. Exact statement of OCCUPA DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE_IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH State File No... CERTIFICATE OF DEATH County of FREMONT Registration District No...... City of ASHTON Local Registrar's No. Primary Registration District No..... her Barn 2. FULL NAME..... (If nonresident give city or town and State)
ds. How long in U. S., if of foreign birth? yrs. mos. di Length of residence in city or town where death occurred. vrs. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, 16. DATE OF DEATH 8. SEX 4. COLOR OR RACE or Divorced (write the word) FIMAKE WHIME If married, widowed, or divorced HUSBAND of 17. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and year) supplied. If LESS than 1 day, 7. AGE Years Months Days it may tificate. and that death occurred, on the date stated above, at ____hrs. or The CAUSE OF DEATH* was as follows: min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... carefully (b) General nature of industry, (duration) business, or establishment in which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) _____(duration) _____yrs. ____mos. ____ds. plain 9. BIRTHPLACE (city or town) ASHTON IDAHO. 18. Where was disease contracted (State or country) if not at place of death? _____ 10. NAME OF FATHER Did an operation precede death? Date of information F DEATH in CLENN ANDERSON. Was there an autopsy? What test confirmed diagnosis? 11. BIRTHPLACE OF FATHER (city or town) (State or Country) (Bigmed) TDAHO 12. MAIDEN NAME OF MOTHER THEIMA Every item of state CAUSE *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18. BIRTHPLACE OF MOTHER (city or town) (State or Country) state C is very 19. Place of Burial, Cremation, or Removal Date of Burial CETNN ANDERSON. Informant..... 26/34 19 ASHTON IDAHO ASHTON IDAHO (Address) 20. Undertaker Address LEWIS KISER ASHTON IDAHO.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer. Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure,"
"Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

spinal fever (the only definite synonym is "Epidemic

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

B.--WRITE PLAINLY, WITH UNFADING INK.--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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PLACE RECEIVED STATE OF ID.	
PLACE OF DEATH & CLIENWINDERT DUBI	IC WELFARE DO NOT WRITE IN THIS SPACE
County or Service Live County	STATISTICS C 9020"
City Boroners Joseph CERTIFICATE O	F DEATH State File No. 89397
Bootstand of Division of	19
(Registration District No	
Primary Registration District	Local Registrer's No.
(If death occurred in a hospital or institution, give	my Haspelal
2. FULL NAME Dridget Sharms	re its name instead of street and number)
	n'illien
(a) Residence. No.	St.
	(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. Color or Page 5 Single, Married Wilds	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widow-ed or Divorced (write the	21. DATE OF DEATH (month, day and year) 2193
5a. If married, widowed, or divorced	22, I HEREBY CERTIFY, That I attended deceased from
HUSBAND of	193 to 193
(or) WIFE of 6. DATE OF BIRTH (month, day, and year)	
o. DATE OF BIRTH (month, day, and year)	I last saw halive on, 193: death is said to have occurred on the date stated above, at 10.A.m.
i. AGE Years Months Days If LESS than	The principal cause of death and related causes of impor-
1 day hrs.	tance were as follows: Date of onset
or min.	
8. Trade, profession, or particular kind of work done, as spinner,	Stillyony, 1
sawyer, bookkeeper, etc	Arthield later!
sawyer, bookkeeper, etc 9. Industry or business in which work was done, as silk mill,	Bleak march
saw min, bank, etc	
10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this	
(mo. and yr.) occupation	Other contributory causes of importance:
12. BIRTHPLACE (city or town) onne streng	
(State or country)	
13. NAME	
1 200	Name of operation Date of
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy
	23. If death was due to exter'l causes (violence) fill in also
15. MAIDEN NAME COLOR TOWN (State or country)	the following:
16. BIRTHPLACE (city or town	Accident, suicide, or homicide? Date of injury, 193.
(State or country)	Where did injury occur?
17. INFORMANT	Specify whether injury occurred in industry, in home, or in
(Address) Spenners Herry old	public place
18. BURIAL, CREMATION OF REMOVAL	Manner of injury
Date Date 193/	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to eccupation
(Address) Barners Herry Hon	of deceased? If so, specify.
20. FILED	(Signed)
Hegistrar.	(Address)

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STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	EXAMPLE II	
Date of ouset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
FOR FURTH	HER STATEMENTS BY PHYSICIAN	
	1915 1921 July 5, 1927 May 1, 1923	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis

occu-STATE OF IDAHO OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No..... Registration District No. Local Registrar's No. Primary Registration District No. RECORD. death occurred in a hospital street and number.) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) ds. How long in U.S., if of foreign birth? Length of residence in city or town where death occurred. vrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3.SEX 4. COLOR-OR RACE 5. Single, Married, Widowed, or Divorced (write the word) 21. DATE OF DEATH (month day, and year) I HEREBY CERTIFY. That I attended deceased from 22. 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of I last saw h......alive on......, 193.....: death is said 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of importance 7. AGE Years Months Davs If LESS than were as follows: Date of onset 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... Other contributory causes of importance: 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation vear) 12. BIRTHPLACE (city or toy (State or country) 13. NAME Name of operation....... Date of What test confirmed diagnosis? Was there an autopsy?.... 14. BIRTHPLACE (city or fown). (State or country) 23. If death was due to exter'icauses (violence) all in also the following: MOTHER Accident, suicide, or homicide?...... Date of injury......... 193 15. MAIDEN NAME Where did injury occur? 16. BIRTHPLACE (city or town)... (Specify city or town county, and State) (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) OF Manner of injury 18. BURIAL, CREM-Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed)... Registrar (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.

 10.—The month and year the deceased last worked at the occupation.
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EXAMPLE I	1	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	••••		

THE PARTY

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	STATE OF ID.	A ##O		
PLACE OF DEATH	DEPARTMENT OF PUBI	LIC WELFARE	DO NOT WRITE IN T	HIS SPACE
County of Ada	BUREAU OF VITAL		00	DOCK
City of Boise	CERTIFICATE O	F DEATH	State File No.	0000
City of DOIDS			State File No	
·	Registration District No	0		110
	Primary Registration Distric	t No. 2004	Local Registrar's No	82
(If death occurred	in a hospital or institution, gi	ua ita nama inataa)	1
2. FULL NAME Willia	m Harry Smart.	ve its name instead	or street and number)	-10
				<i>></i>
(a) Residence. No. 3 III (Usual place of abode)	iles S.W.Boise. R		.st	
Length of residence in city or town		(If nonremos. ds. How long	sident give city or town an in U.S., if of foreign birth?	d state) yrs. mos. ds.
PERSONAL AND STATIS		MEDICA	AL CERTIFICATE OF DEA	TH
3. SEX 4. Color or Rac	ed or Diversed (write the	21. DATE OF DE	ATH (month, day and year)	A110.203
Male White	ed or Diversed (write the word)			
5a. If married, widowed, or div	orced	A	ERTIFY, That I attended	deceased from
HUSBAND of (or) WIFE of		ang. 21.	., 193.34 to	, 193
6. DATE OF BIRTH (month, da	ay, and year)	I last sa🔂 ha	1100 8m Charles 193	: death is said
Aug.21.1	934.		on the date stated above,	
7. AGE Years Months	Days If LESS than	The principal can	se of death and related ca	
Still Born.	1 day, hrs. or min.	tance were as	ionows.	Date of onset
8. Trade, profession, or parti-	Cular	Place	ata Dagues	
♥ Kind of work done so	innes		The second of	
9. Industry or business in w	hich	- Larry	delachment	
	111.	0		
2 10. Date deceased last work.	11. Total time (years)			
ed at this occupation (mo. and yr.)	spent in this	Other contribut	ory causes of importance:	
	'	-		
12. BIRTHPLACE (city or tow (State or country)				
	Idaho	-		
13. NAME Harry E.				Duta of
13. NAME Harry E. 14. BIRTHPLACE (city or t (State or country)	own) Jordan Valley		n	
(State or country)	Oregon.		ed diagnosis? Was ther	
15. MAIDEN NAME The	lma V. Landis.	23. If death was the following:	due to exter'l causes (viole	nce) fill in also
E 10 DYD THE COLUMN	. smenicen Fell	· 4	or homicide? Date of	of injury, 193.
(State or country)	own)American Fall		y occur? pecify city or town, county,	and state)
17. INFORMANT Harry. E	Dart.	Specify whether	injury occurred in industry ,	, in home, or in
18. BURIAL, CREMATION OR	2. Boise, Idano.			
14		1 21	y	
	.1 Date 8/.22, 193.4	·	a full and the control and the	
19. UNDERTAKER SUMMER		1	or injury in any way relate	a to eccupation
(Address) Boise		(Signed)	Jeso, Jpeoty	A. M. D.
20. FILED 2	Rogistrar	(Address)	<i>(''</i>	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 3 and own home in answer to Question 9. For a person engaged in domestic strice for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of ouner	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epitopsy	1 week ago		
Chronic interstitial ncphritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Otior contributory causes of importance:	1 year		
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN			

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EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related The PRINCIPAL CAUSE OF DEATH and related Date of onset Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gastroenteritis Gallstones 1 year May 1. 1923 ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

bull 176 when reas STATE OF IDAHO PLACE OF DEATH DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of Ada City of Boise. State File No. HYSICIAN Registration District No..... Primary Registration District No. (No. St. Lukes Hospital. (If death occurred in a hospital or institution, give its name instead of street and number) Infant Walker. 2. FULL NAME.... (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign blath? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX Color or Race 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and ed or Divorced (write the word) Single That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of I last saw hallve sill. 33...: death is said 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, atm. October-28-1934. The principal cause of death and related causes of impor-7. AGE Years Months If LESS than were as follows: Date of onset 1 day hrs. or min. 8. Trade, profession, or particular kind of work done, as spinner, none suwyer, bookkeeper, etc 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) occupation ... Boise 12. BIRTHPLACE (city or town) .. (State or country) Idaho FATTIER 13. NAME William B. Walker. Name of operation Weiser 14. BIRTHPLACE (city or town). What test confirmed diagnosis? Was there an autopsy?. (State or country) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Etta Flower Accident, suicide, or homicide?..... Date of injury... 193. 16. BIRTHPLACE (city or town). Where did injury occur?..... (State or country) Nebraska. (Specify city or town, county, and state) 17. INFORMANT ... William B. Walker. Specify whether injury occurred in industry, in home, or in (Address) public place. 18. BURIAL, CREMATION OR REMOYAL Manner of injury..... Date/ Nature of injury..... 24. Was disease or injury in any way related to occupation 19 UNDERTAKER of deceased? MU. If so, specify (Signed) Registrar.

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11.—The number of years the deceased followed the occupation.

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EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	
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DO NOT WRITE IN THIS SPACE State File No..... (If nonresident give city or town and state) mos. ds. How long in U.S., if of foreign birth? yrs. mos. MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (month, day and year) 22 I HEREBY CERTIFY, That I attended deceased from to have occurred on the date stated above, at "con! .. m. The principal cause of death and related causes of importance were as follows: Date of onset Other contributory causes of importance; What test confirmed diagnosi Was there an autopsy 23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.., 193. Where did injury occur?.... (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in nublic place, ...... Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation Mr. Dean

## UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

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EXAMPLE I		EXAMPLE II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
·			
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Julistones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR EUDTU	IER STATEMENTS BY PHYSICIAN	
TIDDITIONAL STAGE	·······································	TER STATEMENTS BY PHYSICIAN	
	·		

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE statement BUREAU OF VITAL STATISTICS County of .... RECORD. Every State File No. City of Annis Registration District No. Primary Registration District No. (If death occurred in a hospital or institution, give its name instead of street and number) Baby Lufkin 2. FULL NAME (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH & SEX 4. Color or Race 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) Oct. 163 ed or Divorced (write the word) Babe Male White 22. I HEREBY CERTIFY, That I attended deceased from, 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month day, and year) Octber 17 .1934 to have occurred on the date stated above, a 1020 .m. The principal cause of death and related causes of impor-7. AGH Years Months Days If LESS then tance were as follows: 1 day,... hrs. Stillborn or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .... 9. Industry or business in which UNFADING work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work- 11. Total time (years) ed at this occupation spent in this causes of importance: (mo. and yr.) ..... occupation .. 12. BIRTHPLACE (city or town) All (State or country) HOTHER FATHER 18. NAMEMarion A. Lufkin 14. BIRTHPLACE (city or town). What test confirmed diagnosis? ... Was there an autopsy (State or country) 23. If death was due to exter'l causes Molence) fill in als Maggie Hoffman 15. MAIDEN NAME the following: Accident, suicide, or homicide?. .. Date of injury ... 193. 16. BIRTHPLACE (city or town) Ō Where did injury occur?. (State or country) (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) public place. ..... 18. BURIAL, CREMATION OF REMOVAL Manner of injury ..... Nature of injury ....... 24. Was disease or injury in any way related to occupation N.one 19. UNDERTAKER ... deceased?..... (Address) (Signed) Registrar. (Address)

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EXAMPLE I	EXAMPLE II	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Dute of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

*	25 1		STATE OF ID	AHO	Carason	v
item of	state CCU-	PLACE OF DEATH		LIC WELFARE	DO NOT WRITE IN TH	IIS SPACE
<u> </u>	900		BUREAU OF VITAL S	STATISTICS		40-
	of O	County of fee level	CERTIFICATE O	F DEATH	State File No. 9	1051
Ş	t sh	City of Verices tou	Registration District No			
×	N III		Primary Registration Distri	/ ,	Local Registrar's No	
Ġ				/	,	t
<b>E</b>	SICIA t state	(If steath occ	(Nopered in a hospital or institution,		of street and number.)	0 0
9		2. FULL NAME DURN	aru Toens	Douves	****	$\gamma$
RECORD.	PH.	(a) Residence. No	23- 4 0 0	TITLE St	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
H	P.M.	(Usual place of abode) Length of residence in city or town wh	ere death occurred. yrs. mos.	ds. How long in U	(If nonresident give city or town U. S., if of foreign birth? yrs.	n and state) mos. ds.
NEN	E.Y.	PERSONAL AND STATIST	TICAL PARTICULARS	MEDIC	CAL CERTIFICATE OF DEATH	1
	CTLY	3.SEX 4. COLOR OF RACE	5. Single, Married, Widowed,	21. DATE OF DEATH	H (month de Maryayeur)	193 🗲
DING ERMA	Š į	Francis White	or Divorced (write the word)		CERTIFY, That I attended dece	ased from
E	E S	5a. If maried, widowed, or divorced			, 193, to	193
BINDIN A PERI	stated EX roperly c	HUSBAND of (or) WIFE of		I last saw haliv	e on, 193	: death is said
<b>B</b> 4	ti git		100 + 0 1031		the date stated above, at	
H H	e o d	6. DATE OF BIRTH (month, day, and 7. AGE Years Months	Days If, LESS then	The principal cause were as follows:	e of death and related causes of	Date of onser
FO	4 2	7. AGE Years Months	1 day dirs.		.yg	
	Ck of		A do Min.	Sul	L Vim	
¥ ]	sho na; ba	8. Trade, profession, or particular kind of work done, as spinal sawyer, bookeeper, etc	ir			
ESER GINE	Et x	sawyer, bookeeper, etc	1			
	nt i	work was done, as silk mill, saw mill, bank, etc	<i>∠</i> 0 .			
EZ	tha ctio	9. Industry or business in which work was done, as silk mill, saw mill, bank etc	11. Total time (years)	Other contributory	y causes of importance:	
	ed 80 tru	this occupation (month and year)	spent in this			
<b>TARGIN</b>	supplied erms, so ee instru	12. BIRTHPLACE (city or town)	Lewiston			
	rm re	(State or country)	Idaho			
	Pr - 00	13. NAME / 1	Lowers	Name of operation	Dat	te of
Ë	carefull n plain rtant.	13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Lewiston	What test confirmed	diagnosis? Was there	an autopsy?
3	nrefu plaitant.	(Diago Di Committe)	Idaho	lî .	exter¶causes (violence)£il in als	
ي		15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)	el I Dorselle	Accident, suicide, or	homicide? Date of in	njury, 193
3	d be TH imp	16. BIRTHPLACE (city or town)	mohalla	Where did injury o	ccur?(Specify city or town county,	and State)
Z		(State or country)	MINDAR.	Specify whether inju	ury occurred in industry in hor	
· 3	shoul DEA	17. INFORMENT Court	Rowing	place.		
2	( a ( a ( a	(Address)	notes adaha	Manner of injury		
<u> </u>	Z O E	18. BURIAL, CREMATION, OR REM	Date 101 dale	Nature of injury		
Z .	informatio CAUSE O PATION		To the Co	24. Was disease or inj	ury in any way related to occupat	tion of deceased?
3	infor CAU PAT	19. UNDERTAKER (Address)	estor Idale	If so, specif	x f	
	A C R.	01	( m & . le)	(Signed)	. O Carson	, M. D.
<b>F</b>	! :	20. FILED Jak 20 , 1934	degistrar.	(Address)	Temotor de	7a
7	•		7			

STATEMENT OF OCCUPATION P	recise statement of occupation	is very important, so t	hat the relative heal	thfulness of
various pursuits can be known. M	ake some entry in this section	for every person aged	10 vears or over.	If the de-
ceased had retired from business, re	eport the occupation priorto re	tirement. Children not	gainfully employed	may be re-
turned as at school or at home. F	or a woman whose only occups	ation was that of home	housework write i	housewife in
answer to Question 8 and own home	in answer to Question 9. For	r a person engaged in o	iomestic service for	wages, how-
ever, designate the occupation by t	he appropriate terms, as <i>serva</i>	int-private family, cool	k—hotel, etc. For a	nerson who
had no occupation whatever write	ione.	, <b>,</b>	,	Porposi was

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

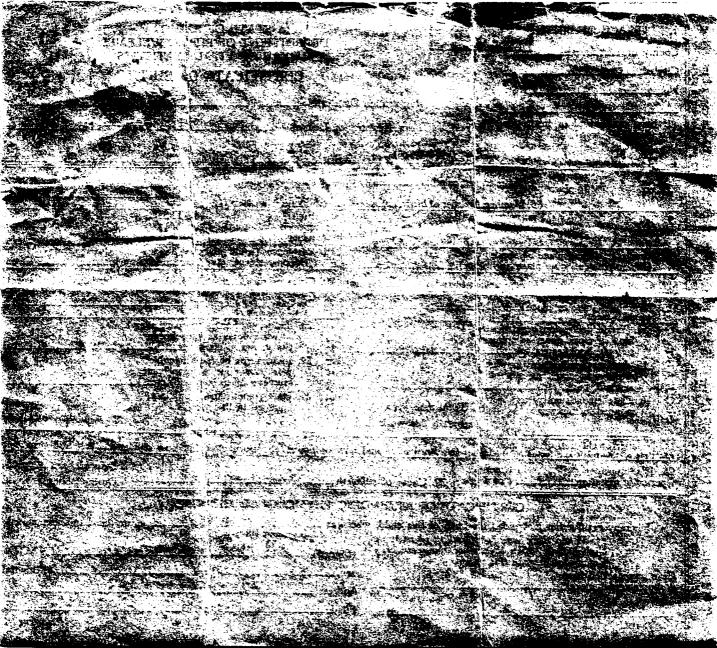
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	EXAMPLE II	
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
		1
FOR FURTH	ER STATEMENTS BY PHYSICIAN	4
	1915 1921 July 5, 1927 May 1, 1923	Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  July 5, 1927  Peritonitis  Other CONTRIBUTORY CAUSES of importance:

PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of **BUREAU OF VITAL STATISTICS** CERTIFICATE OF BIRTH _State File No.___ Registration District No... (If hoen in hospital or institution Prim. Registration District No. 2003 Local Registrar's No. 3 olve name.) FULL NAME OF CHILD 4. Twin, triplet, or other_____ 8. Date of 6. Premature____7. Legiti-If plura birth births 5. Number, in order of birth.... Full term 3 mate?.. (MONTH, DAY, YEAR MOTHER 18. Full 9. Pull FATHER maiden va venane 2 gm name nevellor 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 21. Age at last birthday 3. (years) 11. Color or race 177 12. Age at last birthday 37 (years) 20. Color or race... 22. Birthplace (city or place) Ityes Conlin 13. Birthplace (city or place) seb. (State or country) (State or country) DOWEL 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc.__ sawyer, bookkeeper, etc. . 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc... sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work... spent in this work. (At time of this birth and including this child) (a) Born alive and now living ____(b) Born alive but now dead ____(c) Stillborn_ 27. Number of children of this mother Before labor_7 months 28. If stillborn. 29. Cause of stillbirth inditermin period of gestation. or weeks During labor ..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE Ok. m. on the date above stated. I hereby certify that I attended the birth of this child, who was _ LIVE OR STILLBORN When there was no attending physician ) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... Address __ (DATE OF) 1/26 Filed Registrar. Registrar.



STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE statement BUREAU OF VITAL STATISTICS Courty of Registration District No..... TYSICI Primary Registration District No. 2003 Registrar's No..... (If death occurred in a hospital or institution, give its name instead of street and number) a ans 2. FULL NAME (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX of Race 4. Color 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) ed or Divorced (write the word) 22 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year I last saw h....alive on .r:death is said lan, 24, 1934 to have occurred on the date stated above, at .......m. The principal cause of death and related causes of impor-7. AGE Years Days Months If LESS than tance were as follows: Date of onset day hrs. min. 8. Trade, profession, or particular kind of work done, as apinner, sawyer, bookkeeper, etc .... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this of importance: (mo. and yr.) ..... occupation ..... 12. BIRTHPLACE (city or town) (State or country) FATHER 18. NAME / Name of operation...... Date of...... 14. BIRTHPLACE (city or town) What test confirmed diagnosis?.... Was there an autopsy?... (State or country) DE MOTHER 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME, the following: Accident, suicide, or homicide?..... Date of injury... 193. Q 16. BIRTHPLACE (city or town Where did injury occur?..... state CAUSE O (State or country) (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) public place. ..... 18. BURIAL, CREMATION Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased?... (Address) Registrar.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write name.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onsei	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		

## DISINTERMENT PERMIT

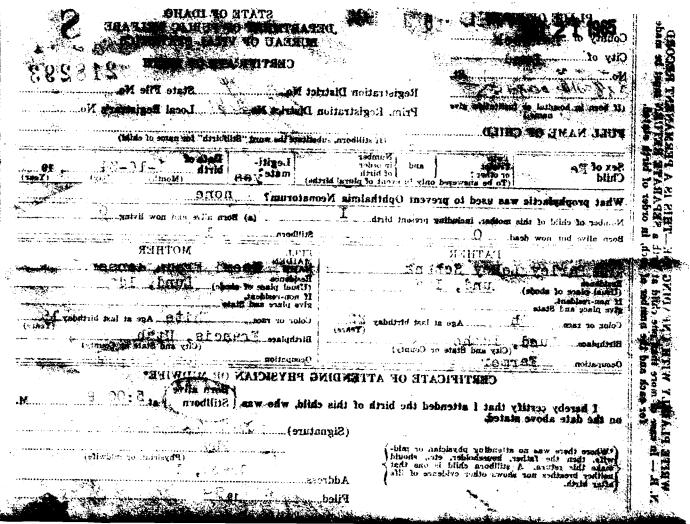
# IDAHO STATE BOARD OF HEALTH BOISE, IDAHO

ADDITOAMION HAVING BEEN MADE	for the disinterment of the body of Barbara Jane Bentzinger
now lying buried in	Cemetery, in the City or Town ofBoise
County of Ada State	of Idaho, who died on the 24 day of January, 1934, Aged
days, the cause of death b	eing <u>Stillborn</u> and iphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus feve
not directly or indirectly by d or yellow fever as shown by the	certificate of death of said deceased, given by
	Dr. H. M. Holverson attending physician
MITC TO MO MEDMITES that normics	
toCloverdaleCeme	ion is hereby given for such disinterment and removal by private    Private or railway conveyance   Rural Boise   County of Ada   County of Rural Boise   County of Rural Bois
	effect upon the approval by the local board of health of the City, Town, or County of
anywise modifying or releasing or the requirements for a Trans governed accordingly; and provi part of the same cemetery, or i	understood and provided that nothing herein shall be deemed as contravening or in the Regulations of the State Board of Health governing the Transportation of corpses portation permit, and all Transportation Companies and Common Carriers will be ded further, that where the disinterment is for the purpose of reinterment in another na contiguous cemetery, the removal shall not be made by any public conveyance. The e done under the personal supervision of a licensed Embalmer in good standing. If rom the cemetery they (including the disinterred casket), must be enclosed in a new e removal.
	Given under my hand and Seal of the State Board of Health at Boise, Idaho,
Permit issued to: Clyde J. Vassar Cloverdale Funeral Home	this 9th day of June , A.D. 1976 .  Janet M. Wick
Boise, Idaho	Janet M. Wick  by Director, Division of Vital Statistics  lisinterment and removal is hereby approved by the local Board of Health of the City,  State of Idaho, this
The foregoing application for o	isinterment and removal is hereby approved by the local Board of Health of the City,
Town or County of	State of Idaho, thisday of, 19

Health Officer

#### TITLE 39, CHAPTER 2, VOL. 7 OF THE IDAHO CODE

"Sec. 39—211. No body shall be disinterred within the State of Idaho except upon a permit granted by the State Board of Health. The forms of disinterment permits shall be prepared by the State Board of Health. Disinterment and removal must be done under the personal supervision of a licensed embalmer, and must be done at an hour when there is the least possible exposure. Only such persons as are actually necessary shall be present. The coffin shall not be opened either at place of disinterment or place of destination, except special permit be issued by the State Board of Health. And in case of disinterment of bodies dead by reason of contagious and infectious diseases, as shown by the certificate of death given by the attending physician, the sexton and all other persons engaged in such removal or being present shall immediately thereafter change their clothing and properly disinfect their hands, head and face, provided, that such disinterment may also be governed by rules and regulations promulgated by the State Board of Health and a synopsis of the same shall be printed on the back of every permit: provided, also, that in case of any contagious and infectious disease where remains are to be shipped to points in other states, permission must first be obtained from the Secretary of State Board of Health of such State. The State Board of Health may also issue a special disinterment permit for legal purposes. This permit for legal purposes shall be granted only upon application of a prosecuting attorney or the Attorney General of this State, stating therein such facts which make it evident to the State Board of Health that the ends of justice require that disinterment be permitted. Such special disinterment for legal purposes shall be governed by rules and regulations promulgated by the State Board of Health and a synopsis of the same shall be printed on the back of every such special disinterment permit for legal purposes.



RECEIVED ER 19194 STATE OF IL		
PLACE OF DEATH DEPARTMENT OF PUR BUREAU OF VITAL	BLIC WELFARE DO NOT WRITE IN THIS SPACE	
Certificate of	072115	
City of Lund Registration District No	S 4	
Registration District No Primary Registration District	ict No. 216/ Local Registrar's No. 2	
· -	. ,	
(No(If death occurred in a hospital or institution,	give its name instead of street and number.)	
2. FULL NAME		
(a) Residence. No(Usual place of abode)	St	
(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	21. DATE OF DEATH (month day, and year) 1-16-34 193	
Fe White or Divorsel rights the word)	22. I HEREBY CERTIFY, That I attended deceased from	
5a. If maried, widowed, or divorced	1-16-34 , 193 , to 1-16-34 , 193	
HUSBAND of (or) WIFE of	I last saw halive on, 193; death is said	
6. DATE OF BIRTH (month, day, and year) 1-16-34	to have occurred on the date stated above, at 5:00 mPM  The principal cause of death and related causes of importance	
7. AGE Years Months Days If LESS than	were as follows:	
1 da <b>1</b>	Stillbirth, Delivery by	
8. Trade, profession, or particular	internal podallic version	
sawyer, bookeeper, etc	Asphyxia from compression	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc	of umbilical cord 1-16-34	
	Other contributory causes of importance:	
10. Date deceased last worked at this occupation (month and year) spent in this occupation	Contracted palvis of mother	
12. BIRTHPLACE (city or town) Lund Ida		
(State or country)		
13. NAME Parley Le Roy Schenk 14. BIRTHPLACE (city or town) Lund, Ida	Name of operation none Date of	
14. BIRTHPLACE (city or town) Lund, Ida	What test confirmed diagnosis none Was there an autopsyno	
(State of county)	23. If death was due to exter'lcauses (violence) fill in also the following:	
15. MAIDEN NAMNAOMI Freda Jensen	Accident, suicide, or homicide?	
15. MAIDEN NAMNAOMI Freda Jensen 16. BIRTHPLACE (city or town) Francis, Ut.	Where did injury occur? (Specify city or town county, and State)	
- (State of Country)	Specify whether injury occurred in industry in home, or in public	
17. INFORMENT Parley LeRoy Schenk Lund, Ida	place.	
18. BURIAL, CREMATION, OR REMOVAL Place Lund. Ida Date 1-17-34 193	Manner of injury.	
Place Lund, 1da Date 1-17-34 193	Nature of injury	
19. UNDERTAKER NONE (Address)	24. Was disease or injury in any way related to occupation of deceased in the control of the con	
	(Stand) a 18th January N.D.	
20. FILED Jan 3 , 1934 Mrs. Y. J. H. Registrar.	(Address)	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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EXAMPLE		EXAMPLE II	
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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	_!
			••••••
	••••		
			••••

RECEIVED STATE OF IDAHO -DEPARTMENT OF PUBLIC WELFARE County of Ft. Hall Reservation, BURBAU OF VITAL STATISTICS RECORD t)e CERTIFICATE OF BIRTH 218402 Registration District No. 121-R State File No. Agency Hospital Prim. Registration District No. 2194-R Local Registrar's No. 7 (If born in hospital or institution PERMANENT give name.) Š venus Pokibro. 2. FULL NAME OF CHILD ... If plural 4. Twin, triplet, or other_____6. Premature____7. Legiti-8. Date of 3. Sex birth Jan 2 ..., 193.4 mate?_Yes births Full term X (MONTH, DAY, YEAR) Female 5. Number, in order of birth____ MOTHER 18. Full **FATHER** 9. Full maiden a SEPARATE RETURN n. in order of birth, stated. name John Pokibro May Hardly name 19. Residence (usual place of abode) Gibson, Idaho (If non-resident, give place and State) 10. Residence (usual place of abode) Gibson, Idaho (If non-resident, give place and State) 20. Shos hone 1/2 21. Age at last birthday26_ (years) 11. Bannock 4/412. Age at last birthday 30___ (years) 22. Birthplace (city or place) Ft. Hall Idaho 13. Birthplace (city or place) Gibson, Idaho (State or country) (State or country) 23. Trade, profession, or particular kind of work done, as housekeeper, HOUSewife 14. Trade, profession, or particular kind of work done, as spinner, Farmer typist, nurse, clerk, etc.____ CCUPATION sawyer, bookkeeper, etc. _____ 24. Industry or business in which Own home UNFADING 15. Industry or business in which Own farm work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc._____ sawmill, bank, etc. ____. 25. Date (month and year) last 16. Date (month and year) last 17. Total time (years) engaged in this work 26. Total time (years) 10 spent in this work 10 engaged in this work spent in this work 13 Jan. I. ä Jan.2. child (At time of this birth and including this child) (a) Born alive and now living 3_(b) Born alive but now dead____(c) Stillborn_I_. WRITE PLAINLY WITH Before labor .... 28. If stiliborn, months period of gestation______ or weeks 28. If stillborn. 29. Cause of stillbirth______ During labor_____ then CERTIFICATE OF ATTENDING PHYSICAL CRUIDWIFE more When there was no attending physician) *5 or midwife, then the father, householder, (Signed) ... Case etc., should make this return. kency Physician Midwife Give name added from Address Ht. Hall, Idaho

Bill Jan I2, 1934, 193 Mollater Litates a supplemental report_____ Registrar. Registrar.

A District No. 16 Sec. the and the spice of the nace m Register THE OF CHROSE STATES ESKIETO TO SWAN THE C. Premature. THE PARTY OF THE Full term. fried to when the order of birth ALD MANCINE Tonn Porior A Mandender (and Amed School of Division (All INC.) to the course were placed with the coll. TOURS. Company 22 of the lat hope of the latest 22 (search 20 Company 22 of the delivery bullings of the company and 13. Bridge (de a plant) 11. CEO11 Transfer georgeston, or pluttle that high tend of some as approxiof work dent. as bouse eep r. typist nurse circle etc. sayact bookerner the lighted of the laces in which Own form The same of business in which work was done, as our bone, west very store as sik mill. lawyer acource, silk mill, atc. severall bearing our Diene tercette und veurt last 15 Date (month and years last J. Total dine (years) 26 Total dine promety stow ends in the spass cucaned in this week spent to this work. A spear is the work Jer Sitteren best of the land after and new living & the Born after but pow dead. Before labor ..... During labor .... or weeks 129 Course of stillbuth was STEELE OF ATTENDING PHYSICAL OF MIDWIFE at on the dare above states Flerylly coulde that I already the block of this circle who was Maraclas are as the day of the physician of the physician

DATE CEL

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery: (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer." etc. without more precise specifications, as Day laborer. Farm laborer, Laborer-Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH(the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidmic cerebrospinal meningitis"): Diptheria (avoid use of "croup"): Typhoid Fever (never report Typhoid pneumonia"); Lobar Pneumonia; Bronchopneumonia ("pneumonia," unqualified is indefite): Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia." "Anaemia" (merely symptomatic) "Atrophy," "Collapse." "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident: Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

n case or more man of birth stated.	City	of KELLOG	ECHIVE!	EB 18 Me	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 218944	
計	NO		St	Registration	District No	
الع آ			ital or institution	Prim. Regist	tration District No. 220/ Local Registrar's No. 9	
o D	2.	FULL NAMI	E OF CHILD	BABY RIFFLE		
PERMANENT RECORD. th, and the number of each,		Sex MAIN		riplet, or other6. r, in order of birth	Premature7. Legiti- Full term X	
n KE		Full name HTIGE	FATHER H RI <b>FFLE</b>	2	18. Full MOTHER  maiden  name MADELINE CATHERINE WORTFEL	
be no	10.	Daddonce (	must place of shode	) State) <b>KELLOGG</b>	19. Residence (usual place of abode) (If non-resident, give place and state) KELLOGG.	
E G		Color or race	12. Age at	last birthday29 (yea		
	13.	Birthplace (c	city or place)	sconsin	(511115-01-0501117)	
(—THIS IS A be made for ea	OCCUPATION	14. Trade, profession, or particular		er, SATJESWAN	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc	
NG INK	၁၁၀	16. Date (m engaged i PRESEI		17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work 19	
ADING RETURN 1	27.	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1. (b) Born alive but now dead 0. (c) Stillborn 1.				
	28. pe	If stillborn, eriod of gestati	on { more	nths weeks 29. Cause of still	Before labor    During labor	
WITH UNF a Separate 1	===	I hereby cer		the birth of this child, wh	oling Physician or Midwife the was STILLBORN at 2100 Recomble date above stated.	
E PLAINLY child at birth,	( et Giv	When there r midwife, th tc., should ma re name added	was no attending p sen the father, hous ke this return.	hysician ) seholder, }	(Signed) J. M. D. or Midwife	
WRITE one ch	a sı	nbbismenmi L		(DATE OF)  Registrar.	Address Kellage Idaho. 9 Filed Fll. 10, 1934 Man Files & Brade Registrar.	

- LIE STATE SELL and the second trade of the second Total Total State of the State Salar and the salar of the sala Mary Box Box Bare sice off a proper the first and the many fact that the sale and the sale an A CONTRACTOR OF THE PARTY OF TH Contract Arterior Actions THE OWNER WAS TO THE TENT The state of the state of And the same of the same of

# 2 1	RECORD STATE OF ID	AHO
very item of should state t of OCCU-	PLACE OF DEATH DEPARTMENT OF PUB	LIC 'WELFARE DO NOT WRITE IN THIS SPACE
.± ₽ 0	County of Bureau OF VITAL	
very shou t of	City of Pocascelo CERTIFICATE O	2/
E S E	Registration District 170	4///
A.N.	Primary Registration Distri	ct 140
ORD. E. ICIANS statemen	(No(If death occurred in a hospital or institution,	give its name instead of street and number.)
REGORD. PHYSICIAN Exact statem	2. FULL NAME.	. morgani
REC PHYS Exact	(a) Residence. No. 247	St. (If nonresident give city or town and state)
Ž.	Length of residence in city or town where death occurred. yrs. mod	ds. How long in U.S., if of foreign birth? yrs. mos. ds.
DING PERMANENT EXACTLY. classified.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3.SEX  4. COLOR OR RACE  5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) 193
NDING PERMA dEXACI ly classificate.	Je wa	22. I HEREBY CER'IIFY, That I attended deceased from
NE PE	5a If maried, widowed, or divorced HUSBAND of (or) WIFE of	I last saw h alive on
IS A PEH IS A PEH Stated EX Properly of certificate.	stillar 1921	to have occurred on the date stated above, atm.
<b>~</b> _	6. DATE OF BIRTH (month, day, and year) Jel 25 / 134 / 17. AGE Nears Months Days II LESS than	The principal cause of death and related causes of importance were appoints;  Date of onset
# T X	Shelborn 1 day,hrs. or min.	The bow
VEDTh houl	8. Trade, profession, or particular	Almost helves
KK- NK- Esl	kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at 11. Total time (years)	
	9. Industry or business in which work was done, as silk mill, saw mill, bank etc.	
RING ING the	10. Date deceased last worked at 11. Total time (years)	Other contributory causes of importance:
RGIN RES FADING I pplied. AG ns. so that instruction	this occupation (month and spent in this occupation	
	12. BIRTHPLACE (city or town)(State or country)	
Z - ~ + Q	11 0 111	Name of operation
	13. NAME Darald allury Muryau  14. BIRTHPLACE (city or town)  (State or country)	What test confirmed diagnosis? Was there an autopsy?
	(Brancos Country)	23. If death was due to exter leauses (violence) fill in also the following:
	15. MAIDEN NAME Suth Rose Bullock 16. BIRTHPLACE (city or town) Sako (State or country)	Accident, suicide, or homicide?
I E I	16, BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town county, and State)
PLAINLY n should be F DEATH	Donald albert Maria	Specify whether injury occurred in industry in home, or in public
PI First	17. INFORMENT (Address) 2473 Hay	Manner of injury
WRITE Pinformation CAUSE OF	18. BURIAL, CREMATION, OR REMOVAL Place	Nature of injury
	19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
WE infort CAU	(Address)	If so, specify
m T	20. FILED 2/25, 193 4 C (Cast	(Signed) Acatello Jaho.
ż	Registrar.	(AUU 199)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

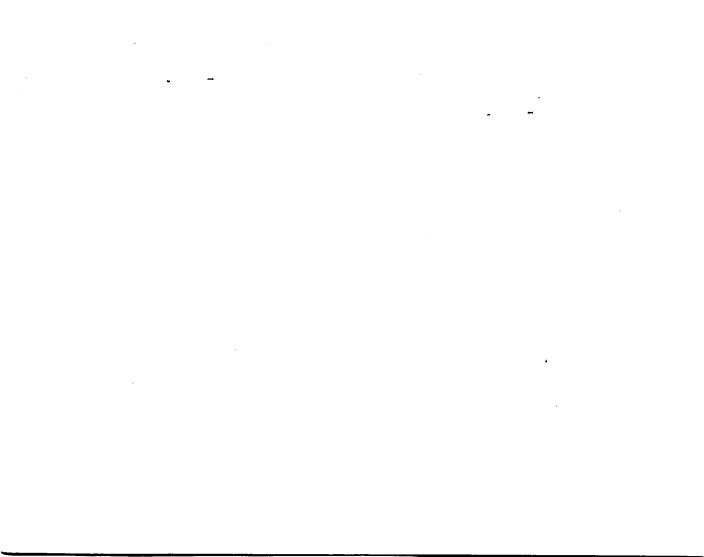
STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	11	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

(Year)

Registration District No... Prim. Registration District No. Local PULL NAME OF Legiti-Sex of mate? What prophylaofic was used to prevent Opithalmia Neonatorum? ...... Manual of child of this mother, including present hirth. (a) Born silve and new little Bore after but now dead if nine-resident. Proping Toniders. give place and State .... edus bisce and State (City and State or County) Occuration CERTIFICATE OF ATTENDING PETSICIAL CO. benette corfify that I attended the birth of this child, who was Still (Signature).....

652-122:005-359	Form V. S. No. 11-C25m-7-21-19
PLACE OF BIRTH	STATE OF IDAHO UREAU OF VITAL STATISTICS
1 Tr Here	ERTIFICATE OF BIRTH 219193
City of City of Registration District	12121
No St.	2049
Primary Registration	
FULL NAME OF CHILD Kerge Wookey	Mu,
Sex of Child Male  Twin Triplet and I norder or other?  (To be answered only in event of plural bit)	irths) Legiti mate?  Date of Holy 22 nd 34.  (Month) (Day) (Year)
FULL Moolsey, H. Hit	MOTHER MOTHER MAIDEN COLLY K. D. J.
RESIDENCE Luminel Lotation	RESIDENCE Plumer, Floring,
color White AGE AT LAST J5 BIRTHDAY (Years)	COLOR Shirth AGE AT LAST 90 BIRTHDAY (Years)
BIRTHPLACE Ht Sough forve	BIRTHPLACE Chumines Adalo
occupation furmer	OCCUPATION Horral Stofe
Number of child of this mother, including present birth Numb	
-	Stillborne 4 20/1
I hereby certify that I attended the birth of this child, who was, on the date above stated.	(Born, aliye of stillborn)
*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	
Given names added from a supplemental report.	(Physician or midwife)
19 Address	Spirity of mino
Filed /	pr. 8 10 34 W. Johns
Registrar	Registrar



CAUSE OF DEATH n back of certificate.	County of City	Buriet No. St.) Regist	State of Idaho BOARD OF HEALTH Bureau of Vital Statistics File No	
tate CAl	If death occurs away from usual residence, give facts called for under special information.  2. FULL NAME JUSTSE VOL	olely Theol	If death occurred in a hos- pital, institution or camp, give its NAME instead of street and number.	
ald *	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH $\gamma^{0}$	
r RECORD	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID- OWED OR DIVORCED  Mills (Write the word.)	16. DATE OF DEATH Still Boul Swfact		
PERMANENT CTLY, PHYSI	6. DATE OF BIRTH  A 1944  (Month) (Day) (Year)	(Month)  17. I HEREBY CERTIFY, That I and		
DING A 1 EXA N is	7. AGE Stilltonie sufaut IF LESS than 1 day how many hra.	that I last saw h alive on	19,	
BIN S 18 treed ATTO	8. OCCUPATION $ u$	and that death occurred on the date stated above, at		
FOR THE	(a) Trade, profession or particular kind of work	hopurg to Morrier herore pronfinement		
ESERVED ING ING — AGE should neart of OC	particular kind of work.  (b) General nature of industry, business or establishment in which employed (or employer).			
RGIN REI UNFADIN pplied. A	9. BIRTHPLACE (State or Country) Lunemar, Janio,	Contributory Sout Ruse (Secondary)	s mos ds.	
MARC WITH U	10. NAME OF Molsey, H. Hist.	(Duration) yr	mos ds.	
. 29	11. BIRTHPLACE of Hodge Janes, (State or Country)	(Signed)	4. Jarolio,	
FE PLAINLY should be can	12. MAIDEN NAME TABLE TO SELECT	*State the Disease Causing Death; or in death (1) Means of Injury; and (2) whether Accident	is from Violent Causes, state al, Suicidal or Hemicidal.	
WEITE rmation at	18. BIRTHPLACE OF MOTHER	18. LENGTH OF RESIDENCE (For Transients or Recent Residents.)  At place In the of death yru mos days. State	Hospitals, Institutions.	
info	(State or Country) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Where was discuss contracted		
em of so that	(Informant) Woohy, W. Wett	Former or usual residence		
Very its	(Address) Phoneur Galle.	19. PLACE OF BURIAL OR REMOVA	DATE OF BURIAL	
N. B.—Every in plain term	Filed March 8 1934 W. Johnson	20. UNDERTAKER	ADDRESS	
Z.#	SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088			

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STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

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"Coma," "Convulsions," "Debility," ("Congenital," "Senile,"
etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock,"
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. OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of. BURNAU OF VITAL STATISTICS N. B.—In case of more each, in order of birth City of ... CERTIFICATE OF BIRTH State File No. ..... Registration District No. ..... (If born in hospital or institu-Registration District No. 1. Z. Local Registrar's No. C. tion give name.) 2. FULL NAME OF CHILD 7. Legiti-8. Date of If nlural 8.()Sex birth. births (Minth, Day, Year) Full terman mate! 5. Number, in order of birth..... RECORD. MOTHER 9. Full FATHER 18. Fulf maidén name name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State). PERMANENT esch, and the (If non-resident give place and State).... 20. Color or rack while 21. Age at last birthday 11. Color of heart | 12. Age at last birthday . T. alyears) 22. Birthplace (city or place) 13. Birthplace (city or place)...... (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular, of work done, as housekeeper. kind of work done, as spinner, W 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc. 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent in this workard 27. What prophylactic was used to prevent Ophthalmia Neonatorum? FADING Retern 28. Number of children of this mother (At time of this birth and including this child) months or weeks 30. Cause of stillbirth. James. Before labor 29. If stillborn. During labor. CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE I hereby certify that I attended the birth of this child, who was ...A.m. on the data above stated. When there was no attending physician ! (Signed) ..... or midwife, then the father, householder, etc. should make this return. Midwife Give name added from a supplemental report..... (Date of) Registrar.

A STATE OF THE STATE OF 

Harris Comment of the second o

STATE OF IDAHO PLACE OF DEATH DEFERTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BURHAU OF VITAL STATISTICS County of... ERTIFICATE OF DEATH PERMANENT RECORD. Every ated EXACTLY. PHYSICIANS State File No..... City of. Registration District No..... Exact Primary Registration District No. / 170 Local Registrar's (No. (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME Residence. No .... (Usual place of abode) (If not resident give city or town and state)
mos. ds. How long in U. S., if of foreign blath? yrs. mos. ds. Length of residence in city or town where death occurred, yrs. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widow-21. DATE OF DEATH (month, day and year) 14 ed or Divorced (write the word) 22 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of ..... to ...... 193...., 193...., 193.... (or) WIFE of 6. DATE OF BIRTH (month, day, and year) I last saw h...alive on ........... 193...: death is said to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-If LESS than Months Davs tance were as follows: Date of onset 1 day .... hrs. or .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... 9. Industry or business in which work was done, as silk mill. suw mill, bank, etc ..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo, and yr.) ..... occupation ... 12. BIRTHPLACE (city or town) (State or country) 13. NAME Name of operation...... Date of...... 14. BIRTHPLACE (caty or town What test confirmed diagnosis?.... Was there an autopsy?... (State or country) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury... 198. C 16. BIRTHPLACE (city or town Where did injury occur?..... (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) public place. ...... 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... Place Nature of injury..... 24. Was disease or injury in any way related to occupation 19 UNDERTAKER of deceased?... (Address) (Signed)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMITLE 1		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	

RTATE OF IDAHO DEPARAMENT OF PUBLIC WELFARE Commer of Municipal BURBAU OF VITAL STATISFICE City of S CERTIFICATE OF BIETH Z No. Registration District No. ..... (If born in housestal or institu-Prim. Registration District No. 2/ 1/20 tion give name.) FULL NAME OF CHILD ..... If plural 8. Date births 5. Number, in order of birth..... Full term.... mate? RECORD. MOTHER 18. Full 9. Full FATHER maiden name 19. Residence (usual place of ahode) 10. Residence (usual place of abode) PERMANENT (If non-resident, give place and State) (If non-resident, give place and State) Jugar Le 11. Color or race White12. Age at last birthday 52 years 20. Color or race LUKLE 21. Age at last hirthday 13. Birthplace (city or place). 22. Birthplace (city or place) ..... (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, TION typist, nurse, clerk, etc. ...... 24. Industry or business in which 15. Industry or business in which work was done, as own home. Office, silk mill, etc., Office, msde work as done, as silk mill sawmill bank etc. 25. Date (month and year) 26. Total time (years) spent 8 16. Date (month and year) last engaged in this work 17. Total time (years) spent must H au. in this work. In dace in this work lawso 19.24 19.24 That prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead. (c) Stillborn..... Before labor..... months or weeks 30. Cause of stillbirth 29. If stillborn, period of gestation. 1.2/ha During labor.... CERTIFICATE OF ATTENDING PHYSICA I hereby certify that I attended the birth of this child, who was When there was no attending physician i (Signed) ..... or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... Address Filed..... Registrar.



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DECEIVED W 1034	
PLACE OF DEATH  DEPARTMENT OF PUBLICATION  COUNTY OF CERTIFICATE C	LIC WELFARE DO NOT WRITE IN THIS SPACE STATISTICS
City of Registration District No	13 Company of the second of th
Primary Registration District	and the second of the second o
(If death occurred in a hospital or institution, gi	ve its name instead of street and number)
(a) Residence. No. Manual Du (Usual place of abode)	ue) st.
Length of residence in city or town where death occurred. yrs.  PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4. Color or Race 5. Single, Married, Widow-ed or Divorced (write the	21. DATE OF DEATH (month, day and year) 193 4
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of 6. DATE OF BIRTH (month, day, and year)	I last saw halive on, 193 death is said
7. AGE Years Months Days If LESS than 1 day hrs	tamas mana au follower
8. Trade, profession, or particular	li i
kind of work done, as spinner, sawyer, bookkeeper, etc	Jacks 1 16 31-193
saw mill, bank, etc	Other and deleter are as Importance
(mo. and yr.) occupation	Other contributory causes of importance;
(State or country)	Rocento Provi
18. NAME  14. BIRTHPLACE (city or town). Shape like (State or country)	Name of operation
15. MAIDEN NAME \ 16. BIRTHPLACE (city or town)	23. If death was due to exter'l causes (violence) fill in also the following:  Accident, suicide, or homicide? Date of injury, 193.
16. BIRTHPLACE (city or town)	Where did injury occur?(Specify city or town, county, and state)
17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVAL	Specify whether injury occurred in industry, in home, or in public place.
Place continuo or REMOVAL  Place continuo con tempo de la	Manner of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to eccupation of deceased? If specify
20. FILED	(Signed) M. D.  (Address) Likely Jack Relation

Statement of occupation.—Precise statement of occupation is very important, so that the relative fiealthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

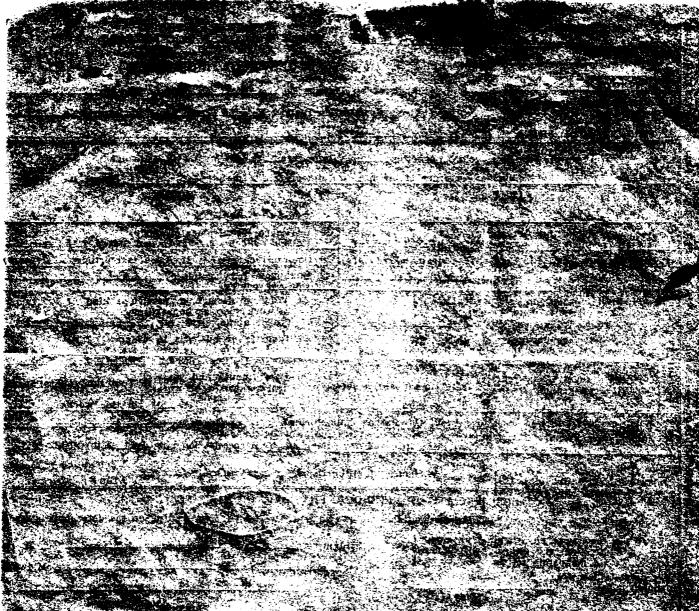
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II		
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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN		
		4		

SETATE OF IDAHO County of Danselve DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATESTICS City of.... CERTIFICATE OF REST Registration District No. State File No. (If born in hospital or institu-Print Registration District No. 2/V Local Registrary No. tion give name.) N. B.-7. Legiti-4. Twin, triplet, or other........... 6. Premature If plural 8. Date births 5. Number, in order of birth..... Full territor. number of mate % 9. Full FATHER 18. 161 MOTHER Locen 19. Residence (usual place of abode) 10. Residence (usual place of abode) L ed (If non-resident, give place and the selle to (If non-resident, give place and State) 11. Color or race. 22. 12. Age at last birthday 2. (years) 20. Color or race 22 | 21. Age at last birthder 7 (years 13. Birthplace (city or place) 22. Birthplace (city or place)...... (State or country) (State or country) each. 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner of work done, as housekeers OCCUPATION sawyer, bookkeeper, etc ...... typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which made work was done, as silk mill work was done, as own home, lawyer's office, silk mill, etc. sawmill, bank, etc.... 25. Date (month and year) last engaged in this work
26. Total time (years) spent 8 16. Date (month and year) last engaged in this work 17. Total time (years) spent must ....., 19...... in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ...... WITH UNFADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ...(b) Born alive but now dead....(c) Stillborn ...... Before labor. months or weeks 30. Cause of stillbirth. 29. If stillborn. period of gestation. During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was on_the date above stated. When there was no attending physician ! (Signed) ..... or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report...(Date of) WRITE One child Address Filed..... Registrar.



<b>५७५</b>	RECEIVED AR 13 1934 STATE OF ID.	ALIO				
shoul shoul sent c	County of Souncelle BUREAU OF VITAL	IC WELFARE DO NOT WRITE IN THIS SPACE				
Z S H		F DEATH State File-No. 87782				
Eve CIAJ	Registration District No					
ORD. Ever HYSICIAN Exact state	Primary Registration Distric					
ECORD PHYS d. Exa	(If death occurred in a hospital or inditution, give its name instead of street and number)  2. FULL NAME					
T R LY. sifie	(a) Residence. No. Residence. (Usual place of abode)	Toll st				
CTJ class ate.	Length of residence in city or town where death occurred. yrs.	(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign barth? yrs. mos. ds.				
EFFXF	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. Color or Race 5. Single, Married, Widow-	MEDICAL CERTIFICATE OF DEATH				
Cer cer	Male ed or Diverced (write the word)	21. DATE OF DEATH (month, day and year 186 0 1934				
tate project of	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from				
R E S A S S A S S A S A S A S A S A S A S	(or) WIFE of  6. DATE OF BIRTH (mont) day, and year)	I last saw han alive on full him 193 death is said				
FO IIS I Id I	7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, atm. The principal cause of death and related causes of impor-				
t it	O O B 1 day, R hrs.	tance were as sollows:				
SE E	8. Trade, profession, or particular kind of work done as articular					
SEI II A(	9. Industry or business in which					
E B G	work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last work. 11. Total time (years)	( hydrocekhalues)				
FAL Pplis	ed at this occupation spent in this occupation cocupation spent in this occupation spent in this occupation	Other contributory causes of importance:				
AR UNI Plais	12. BIRTHPLACE (city or town). Jeales Woll.					
F. H. G. I.	# Det A					
V S V I	14. BIRTHPLACE (cit or town) (State or country)	Name of operation				
Y, be Very	70. 0 \ 10.	What test confirmed diagnosis?				
	16. BIRTHPLACE (city or town)	the following: Accident, suicide, or homicide? Date of injury, 193.				
A SON	S A G	Where did injury occur?				
E P	17. INFORMANT (Address) Level Tol	Specify whether injury occurred in industry, in home, or in public place.				
WRITE formati ate CA	18. BURIAL, CREMATION OF REMOVAL Place Date 193	Manner of injury				
-WRITE information state CAI	19. UNDERTAKER (Address)	Nature of injury.  24. Was disease or injury in any way related to eccupation				
E FO	Billion V / Ollin	of deceased? If so, specify				
×	20. FILED Rogistrar.	(Address) Seole Tull				
	•					

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Ouestion 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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EXAMPLE I		EXAMPLE II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN	
		,	

RECEIVED STATE OF IDAHO County of Classicalis DEPARTMENT OF PUBLIC WELFARE BURBAU OF VITAL STATISTICS City of Chalana CERTIFICATE OF BIRTH Registration District No. 90 State File No. (If born in hospital or institu-Prim. Registration District No. 2787 Local Registrar's No. tion give name.) E Transed 2. FULL NAME OF CHILD - ML If plural 8. Date of 3. Sex births 5. Number, in order of birth..... Full terretes. 9. Pull 18. Full FATHER . MOTHER name maiden name Desse Prother 10. Residence (usual place of abode) 19. Residence (usual nlace of abode) (If non-resident, give place and State) (If non-resident, give place and State) 20. Color or race 24. | 21. Age at last birthday 24. (year 11. Color or race 12. | 12. Age at last hirthday 3. (years) 13. Birthplace (city or place). 22. Birthplace (city or place)...... (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner of work done, as housekeeper typist, nurse, clerk, etc. 24. Industry or business in which work was done, as own home. lawyer's office, silk mill, etc. 2 25. Date (month and year) last engaged in this work 26. Total time (years) spent must ....., 19 in this work in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Return 1 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living . (b) Born alive but new dead ....(c) Stillborn..... months Before labor..... 29. If stillborn. or weeks 20. Cause of stillbirth. period of gestation..... During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR DWIFE at I.Q m. on the date above stated. I hereby certify that I attended the birth of this child, who was Born Alive or When there was no attending physician ! ra Walson or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report.......(Date of) Address ...... Registrar.



PLACE OF DEATH	STATE OF ID	LIC WELFARE DO NOT WRITE IN THIS SPACE
County of Circuia	CERTIFICATE C	F DEATH State File No. 87818
	Registration District No	· · · · · · · · · · · · · · · · · · ·
	Primary Registration Distric	t No. 2/ F/7 Local Registrar's No.
	in a hospital or institution, gi	ive its name instead of street and number)
2. FULL NAME	car-pan	
(USual place of shode)	where death occurred. yrs.	(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign blath? yrs. mos. d
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Rac	e 5. Single, Married, Widow- ed or Divorced (write the	21. DATE OF DEATH (month, day and year) 193
oa. If married, widowed, or div	word)	22, I HEREBY CERTIFY, That I attended acceased from
HUSBAND of (or) WIFE of		, 193, to, 193,
6. DATE OF BIRTH (month, d		I last saw halive on, 193: death is to have occurred on the date stated above, atm.
7. AGE Years Months	Days   If LESS than	The principal cause of death and related causes of impo
	1 day, hrs	
8. Trade, profession, or partikind of work done, as	cular	Bon Dead
sawyer, bookkeeper, etc 9. Industry or business in w	Rau	Had mo Cherman
work was done, as silk men mill, bank, etc	111.	dad wo engain
kind of work done, as a sawyer, bookkeeper, etc.  9. Industry or business in work was done, as silk a saw mill, bank, etc  10. Date deceased last work ed at this occupation	. 11. Total time (years)	19
(mo. and yr.)	occupation	Other contributory enuses of importance:
12. BIRTHPLACE (city or tow (State or commtry)	n) Crifico	A STATE OF THE STA
	la a la	-
12. NAME fole / hi	and file	Name of operation Date of
(State or country)	own) Mesffe Ida	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (15. MAIDEN NAME (16. BIRTHPLACE (city or (State or country))	in Prather	23. If death was due to exter'l causes (violence) fill in al the following:  Accident, suicide, or homicide? Date of injury19
16. BIRTHPLACE (city or to (State or country)	own)	Where did injury occur?
17. INFORMANT	Tilling	Specify whether injury occurred in industry, in home, or
18. BURIAL, CREMATION OR	REMOVAL	public pince.  Manner of injury
Place. Leifh.	Ida Date 3/1. 1. 1984	Nature of injury
19. UNDERTAKER(Address)	affigur	24. Was disease or injury in any way related to occupati
	Surfugo	(Signed) A Company of the Company
20. FILED	1/1 1/ / / 10/11/11	

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as sninner, weaver, etc.

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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	 HER STATEMENTS BY PHYSICIAN	

THE OF IDARO Franklin DEPARTMENT OF PUBLIC WELFARE County of..... BURDAU OF WITAL STATISTICS Preston City of. CERTIFICATE OF RENTE 21 No General Mamor[a] Registration District No. .. State Pile No. . (If born in hospital or institu-Prim. Registration District No. 2119 Local Registrar's No. 20 tion give name.) Still birth Girl 2. PULL NAME OF CHILD. 7. Legiti-4. Twin, triblet, or other........... 5. Premature..... [f plure] 8. Date of 3. Ser Female birthe birth....F meter yes Full term no 5. Number, in order of birth.... RECORD. 9. Pull FATHER 18. Full MOTHER name maiden Richard Harold Swift name Mable Leathan 10. Residence (usual place of abode) 19. Residence (tisual place of abode) (If non-resident, give place and State) Preston (If non-resident, give place and State)....... 11. Color or rese. wh i tie 12. Age at last birthday. 45 (years) 20. Color or race... Whi tiezt. Age at last birthday 45 (years) 13. Birthplace (city or place) England (State or country) England 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, sawyer, bookkeeper, etc Lightening Engager 15. Industry or business in which 24. Industry or business in which must be made work was done, as silk mill. work was done, as own home, lawyer's office, silk mill, etc. sawmill, bank, etc..... Date (month and year)
 Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living (b) Born alive but now dead.....(c) Stillborn Before labor months 29. If stillborn. During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MINWIFE I hereby certify that I attended the birth of this child, who was tillfull n, on the date above stated. When there was no attending physician / or midwife, then the father, householder, etc., should make this return. Give name added from Addres Filed Max 8 198 4 Registrar. The second second

THE WATER STORY IN MARKET STREET, the party that are the transport CLEAN COUNTY SEAL AND September 2 1 September 2011

A track of the first And the second s

STATE OF IDAHO OCCUPA should stat ARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No. City of Preston Registration District No..... PHYSICIANS Primary Registration District No. 2119 Local Registrar's No. // RECORD. BABY SWIFT 2. FULL NAME (If nonresident give city or town and state)

ds. How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed. 21. DATE OF DEATH (month day, and year) BINDING or Divorced (write the word) Female white MEREBY CERTIFY, That I attended deceased from 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of properly to have occurred on the date stated above, at 6. DATE OF BIRTH (month, day, and year) Feb 23 I 93 The principal cause of death and related causes of importance 7. AGE Vears Months If LESS than Days 1 day, ... hrs. MARGIN RESERVED min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc..... OCCUPATION BABY 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... Other contributory causes of importance: 10. Date deceased last worked at this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) Preston I aho
(State or country) FATHER Richard Narold Swift 13. NAME in plain 14. BIRTHPLACE (city or town) England What test confirmed diagnosis? ...... Was there an autopsy? (State or country) 23. If death was due to exter leauses (violence) fill in also the following: MOTHER Mable Leathan 15. MAIDEN NAME DEATH Ut hWhere did injury occur? (Specify city or town county, and State) 16. BIRTHPLACE (city or town) Welsville (State or country) Specify whether injury occurred in industry in home, or in public R. Marold Swift 17. INFORMENT (Address) **O**F Preston Manner of injury 18. BURIAL, CREMATION, OR REMOVAL Place WOLSVILLE ULAR 18 Feb CAUSE TION is Atture of injury M.W.Hendritks 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address)

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STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year	
FOR FURTH	ER STATEMENTS BY PHYSICIAN	•••••	
	1915 1921 July 5, 1927 May 1, 1923	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis  Other Contributory Causes of importance:  Gastroenteritis	

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS 219476 CERTIFICATE OF BIRTH No. Registration District No. 6 State File No. (If born in hospital or institution Prim. Registration District No.....Local Registrar's No..... give name.) FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of shild) Twin Number Sex of Legiti-Date of Triplet and in order mate? 49 Child or other? hirth (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Born alive but now dead _______Stillborn _____ FULL MOTHER MAIDEN Malle Viola Residence (Usual place of aborto) Residence (Usual place of abode) It non-resident, give place and State If non-resident, give place and State Color or race at last Birthday..... Birthplace Cen and State or County) Olty and State or County) Occupation b Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE - Porn-all I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) ¿ *Where there was no attending physician WRITE or midwife, then the father, householder, (Physician or midwife) etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

To Thereof THE RESIDENCE OF THE PARTY OF T ALL OF SELECTION AND MINUSO TEANITHME Recisivation Distant No. Principal and Marieton No. described the particular and the particular A STANGER OF THE STANGE OF THE The state of the s Man phophetic was find to her court Odishabatic From the continues of THE PARTY NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PARTY OF THE P Born elle seines vinne WANTER THE The state of the s melalining statement was a series of the series ild ske sereigen Astiller ment agabil.

PLACE OF BIRTH TATE OF IDAHO In case of more than DEPARTMENT OF PUBLIC WILFARD County of Lines BURBAU OF VIVIAL MYATISTICS City of .... CERTIFICATE OF BUSIN Registration District No. ______ State File No. _____ (If born in kospital or institution give name.) Prim. Registration District No. Local Registrar's No. 2. FULL NAME OF CHILD _____ A 6 8. Date of 7. Legiti-[f plure] 3. Sex births make meter 5. Number, in order of birth..... Full term (Month, Day, Year RECORD. 18. Full 9. Pull FATHER MOTHER ayne Mc Candles maiden name // Hancock name 19. Residence (usual place of shode) 10. Residence (usual place of shode) PERMANENT each, and the (If non-resident, give place and State)..... (If non-resident, give place and State)..... 11. Color or race 41 | 12. Age at last birthday 25 (years) 20. Color or race. (1). | 21. Age at last birthder 22 (years 13. Birthplace (city or place) 22. Birthplace (city or place) Ideko (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper typist, nurse, clerk, etc. kind of work done, as spinner, 24. Industry or business in which made work was done, as own home. lawyer's office, silk mill, etc. þ 25. Date (month and year) last engaged in this work 26. Total time (years) spent INK 19 in this work 19 in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Return 28. Number of children of this mother At time of this birth and including this child) (a) Born alive and now living.......(b) Born alive but now dead.......(c) Stillborn...... Before labor..... months 29. If stillborn, period of gestation.... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFT I hereby certify that I attended the birth of this child, who was and Stillhouse In. on the date above stated. When there was no attending physician ! or midwife, then the father, househelder. etc. should make this return. Give name added from a supplemental report..... Address ...... Filed..... Registrar.

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# # #	STATE OF ID	ОАНО
ry item hould sta OCCUP.	PLACE OF DEATH - DEPARTMENT OF PUR BUREAU OF VITAL	STATISTICS. O 70 C 4
shon of OC	City of Registration District No.	· · · · · · · · · · · · · · · · · · ·
KY NNS lent o	Primary Registration District	
RECORD. E. PHYSICIANS	(No	give its name instead of street and number.)
IT REC	(a) Residence, No	St(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds
ANENT CTLY. fied. Ex	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5 ₫5∰	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month_day, and year) 2/16 193
PERM d EXA	5a. If maried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
i in the second	(or) WIFE of	I last saw halive on, 193: death is said
S IS A I be stated properly ifficate.	6. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at
HIS IS A all pe state be properly certificate.	7. AGE Years Months Days If LESS than 1 day,hrs. or min.	Breich Presentation Date of onse
P P P	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.	of cord fression
P H C N	kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as stik mill, saw mill, bank etc.  10. Date deceased last worked at 11. Total time (years)	
DING I ied. A so that tion on	10. Date deceased last worked at this occupation (month and year)	Other contributory causes of importance:
KG FA Pppl ruc	12. BIRTHPLACE (city or town) AND We 2 (State or country)	
MAN TH UN sfully su lain tern See inst	13. NATERIALE W McCandless  14. BIRTHPLACE (city or town)	Name of operation
VITH refull plain See	14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis?
in in	15. MAIDEN NAMETERON O Hancerla	Accident, suicide, or homicide? Date of injury, 193.
AINLY, Whould be ca BEATH in important.	15. MAIDEN NAMETION O THANCE (City or town) The Tall (State or country)	Where did injury occur?
LAINLY should be DEATH y imports	17. INFORMENT Chesles w mc Canalles	Specify whether injury occurred in industry in home, or in public
E PL ion sl OF L	(Address)  18. BURIAL, CREMATION OR BEMOVAL	Manner of injury
	Place / Lun Cells , Date Date , 1934	Nature of injury
.—WRIT informat CAUSE TION is	19. UNDERTAKER A	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
H.H.C.	29. FILED 7 16 , 1934 CF Zelle Registrer.	(Signed) C. J. Leller, M.D.
Z	Togotat.	

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private familu. cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH STATE OF IDAMO County of Madeson DEPARTMENT OF PUBLIC WELFARE irth et BURBAU OF VITAL STATISTICS City of Sugar 219615 CERTIFICATE OF BIRTH No... 155 -230-033-415 Registration District No. O State File No. (If born in hospital or institution give name.) Prim, Registration District No. 217 & Local Registrar's No. 19 unkens 2. FULL NAME OF CHILD .. [f plural 3. Sex 8. Date of birth... births demal RECORD. 5. Number, in order of birth.... Full term..... mate?... (Month, Day, Year 9. Full FATHER 18. Full MOTHER number name C maiden name 10. Residence (usual place of abode)

(If non-resident, give place and State)..... 19. Residence (usual place of abode) PERMANENT (If non-resident, give place and State)_____ 20. Color or race. 24 | 21. Age at last birthday 3.0 (years) 13. Birthplace (city or place) Malas 22. Birthplace (city or place). Sugar Cit-(State or country) (State or country) each, 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper kind of work done, as spinner for A typist, nurse, clerk, etc. 24. Industry or business in which made work was done, as own home. lawyer's office, silk mill, etc. must be 25. Date (month and year) last engaged in this work
26. Total time (years) spent in this work..... in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Tate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4. (b) Born alive but now dead ... (c) Stillborn. months Before labor..... 29. If stillborn. or weeks 30. Cause of stillbirth..... period of gestation...... During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 2. m. on the date above stated. I hereby certify that I attended the birth of this child, who was (Boss Alive or Still VRITE PLAINLY me child at birth When there was no attending physician / ison M. D. (Signed) .. or midwife, then the father, householder, etc. should make this return. ..... Midwife Give name added from Registrar.

TARREST AND DESIGNATION White to see whether the bear of THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN POPER TO THE PARTY OF THE PARTY. The Control of the Second THE PART OF THE PA pulled the understant dame. CHARLES OF THE STREET Description of the second THE RESERVE AND THE PARTY OF TH The state of the s with the state of the state of and the second second And the party of t THE REPORT OF THE the second of the second of The part of the pa the state of the s THE PARTY OF THE P THE RESERVE AND THE PERSON NAMED TO THE PARTY HAS PRINTED TO

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TOTAL STREET, STREET,

STATE OF IDAHO PLACE OF BIRTH In case of more that, in order of birth stated DEPARTMENT OF PUBLIC WELFARE BURBAU OF VITAL STATISTICS County of Payette. Payette. City of .... CERTIFICATE OF BIRTH No. 132 W.7Th. Ave.st. -122038992 Registration District No. ..... (If born in hospital or institu-Prim. Registration District No. 1008 a Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD - B. N. 9 4. Twin, triplet, or other................................... 8. Premature. N.S. Legiti-8. Date of pb. 22 , 1939 [f plural 3. Sex births Full term YOS - mate? YOS Male. 5. Number, in order of birth..... (Month, Der, Tear) RECORD. 18. Full MOTHER 9. Pull FATHER maiden name Leslie Wayne Wolf Mary Devina Irby. name 19. Residence (usual place of abode)

(If non-resident, give place and State) Payette, I 10. Residence (usual place of abode) (If non-resident, give place and State) Payette, PERMANENT esoh, and the 20. Color or race....W. | 21. Age at last birthday...25. (years) 11. Color or race...Wa | 12. Age at last birthday.32 (years) 13. Birthplace (city or place) Murdoch Oklahoma (State or country) Kansas (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper. kind of work done, as spinner, Wife. for Laborer CUPATION OCCUPATION typist, nurse, clerk, etc..... sawyer, bookkeeper, etc ..... 24. Industry or business in which 15. Industry or business in which INK-THIS I work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc. sawmill, bank, etc..... 16. Date (month and year) last engaged in this work 17. Total time (years) spent Date (month and year) last engaged in this work
 Total time (years) spent in this work ....., 19..... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNIFADING 28. Number of children of this mother (At time of this birth and including this child) Before labor..... months with unit or weeks 30. Cause of stillbirth Dystochia 29. If stillborn. period of gestation..Full During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who we still bonry 1 mon the date above stated. When there was no attending physician / (Signed) ...... or midwife, then the father, householder, etc. should make this return. Give name added from Address Payette, Idaho a supplemental report..... (Date of) Registrar.

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	1934 STATE OF IDEPARTMENT OF PUBLICATION	BLIC WELFARE	DO NOT WRITE IN TH	
County of Payette.	BUREAU OF VITAL		879(	1
•	CERTIFICATE, O	F DEATH	State File No.	,
	egistration District No rimary Registration Distri		Local Registrar's No.	13.
	-			
	oed in a hospital or institution,			nula
2. FULL NAME Still	oorn Infant of	-esile-Wayne	- Wolf.	<i>•</i>
(a) Residence. No132 (Usual place of abode) Length of residence in city or town where	death occurred. yrs. mos.	ds. How long in U	If nonresident give city or tow l. S., if of foreign birth? yrs.	n and state) mos.
PERSONAL AND STATISTIC	AL PARTICULARS	MEDIC	CAL CERTIFICATE OF DEATE	i
3.SEX 4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)		I (month_day, and year) 2/2	
Male White	Infant		CERTIFY, That I attended dece	
5a. If maried, widowed, or divorced HUSBAND of			, 193, to2/22/	
HUSBAND of (or) WIFE of		I last saw h_Malive	e on the date stated above, at 11	: death is
3. DATE OF BIRTH (month, day, and y	car) 2/22/34	The principal cause	the date stated above, at	importance
. AGE Years Months	Days If LESS than	were as follows:	•	Date of o
<b>ò</b> 0	O 1 day 0 hrs.			••••
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc	None	Dystocia,	maternal.	••••
9. Industry or business in which work was done, as silk mill.	None			
work was done, as silk mill, saw mill, bank, etc		Other contributors	causes of importance:	
10. Date deceased last worked at this occupation (month and year)	. Total time (years) spent in this occupation	Cinci contributory	- coases of importance.	
12. BIRTHPLACE (city or town)(State or country)	Pavette Idaho			
13. NAME Leslie W.Wo		Name of operation		
14. BIRTHPLACE (city or town)	Murdoch Kansas.		diagnosis?Was there	
(State or country)	namas.	11	exter'icauses (violence) fill in al	
	yina Irby	]]	homicide? Date of i	
16. BIRTHPLACE (city or town) (State or country)	Guymon Oklahoma		ccur?(Specify city or town county,	
17. INFORMENT Leslie 9/	sine Wall	Specify whether inju	ury occurred in industry in ho	me, or in pul
(Address) Day Mo	2 date	11 -		
18. BURIAL, CREMATION, OR REMOVE Place Payette, Id.	Date 2/24/34 193	Nature of injury		
19. UNDERTAKER Leslie W.	Wolf	{J	ury in any way related to occupa	tion of deceas
0/02/24	te, Idaho	(Signed)	Wo odward	/ \ \ \ \
20. FILED 6/60/04 193			Pavette. Idaho	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH .-- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related The PRINCIPAL CAUSE OF DEATH and related Date of onset Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 year ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF IDAEO WHENT OF PURISON PARTY OF PART County of Bannock Co or Pocatello St. Anthony ercy Hospital Registration District No. (If burn in honoital or institu-Prim. Registration District No. 2/6/ Local Registrarie No. tion give hame.) 2. FULL NAME OF CHILD Stillborn McConnell - A 8 8. Date of 3/18/344 4. Twin, triplet, or other......... 6. Premature. 7. Logiti-[f plural 3. Sex births female 5. Number, in order of birth..... Full term. RECORD. 9. Pull FATHER 18. Pull MOTHER maiden name Catherine Cacelia Murphy John L McConnell DAMe 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) IO48 E Lewis (If non-resident, give place and State) IO48 E PERMIANENT each, and the 11. Color or race........ | 12. Age at last birthday.......(years) 13. Birthplace (city or place) Elko Navada 22. Birthplace (city or place) Manaley Meb. (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, Storekeepe of work done, as housekeeper. typist, nurse, clerk, etc. sawver, bookkeeper, etc ..... 15. Industry or business in Which 24. Industry or business in which be made work was done, as silk mill, work was done, as own home. Hame sawmill, bank, etc. P.F.E. lawyer's office, silk mill, etc. . 25. Date (month and year) 18. Total time (years) spent last engaged in this work 16. Date (month and year) last engaged in this work 17. Total time (years) spent Present 19 in this work IIvrs Present 19 in this work 7 yrs 27 What prophylactic was used to prevent Ophthalmia Neonatoram? UNITADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead......(c) Stiffborn...... Before labor..... months 29. If stillborn, or weeks 30. Cause of stillbirth..... During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 8.15n. on the fate above stated. I hereby certify that I attended the birth of this child, who was Stillhorn When there was no attending physician i or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... Address WRITE One chil (Date of) Registrar.

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PLACE OF DEATH  County of Bannock  Pocatello  City of Registration District No.  Primary Registration Dist	DELIC WELFARE DO NOT WRITE IN THIS SPACE STATISTICS OF DEATH  Crict No. 21. Local Registrar's No. Local Regist
2. FULL NAME Baby McConnell ( Stil (a) Residence. No(Usual place of abode)	St
Female White Single  5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of None  War 18th 1	21. DATE OF DEATH (month day, and year) Mar 18 193  22. I HEREBY CERTIFY, That I attended deceased from 193  I last saw h alive on 193  I last saw h alive on 193  The principal cause of death and related causes of importance
7. AGE Years Months Days If LESS tha 1 day,hrs or min.	were as follows:  Date of one
12. BIRTHPLACE (city or town)  13. NAME John L. McConnell  14. BIRTHPLACE (city or town)  (State or country)  15. McConnell  16. BIRTHPLACE (city or town)  (State or country)  17. McConnell  18. BIRTHPLACE (city or town)  (State or country)  Nevada	Name of operation  What test confirmed diagnosis?  Was there an autopsyllar  Accident, suicide, or homicide?  Date of importance:  Buttofic particular  Date of  Was there an autopsyllar  Accident, suicide, or homicide?  Date of injury
17. INFORMENT John L. McConnell (Address) 1048 East Lewis	Where did injury occur?  (Specify city or town, county, and State)  Specify whether injury occurred in industry in home, or in public place.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased if so, specify  (Signed)  (Address)
	PLACE OF DEATH  County of Bennock  Pocatello  City of Registration District No.  Primary Registration District No.  Registration District No.  Registration District No.  Primary Registration District No.  Primary Registration District No.  Primary Registration District No.  Primary Registration District No.  Regi

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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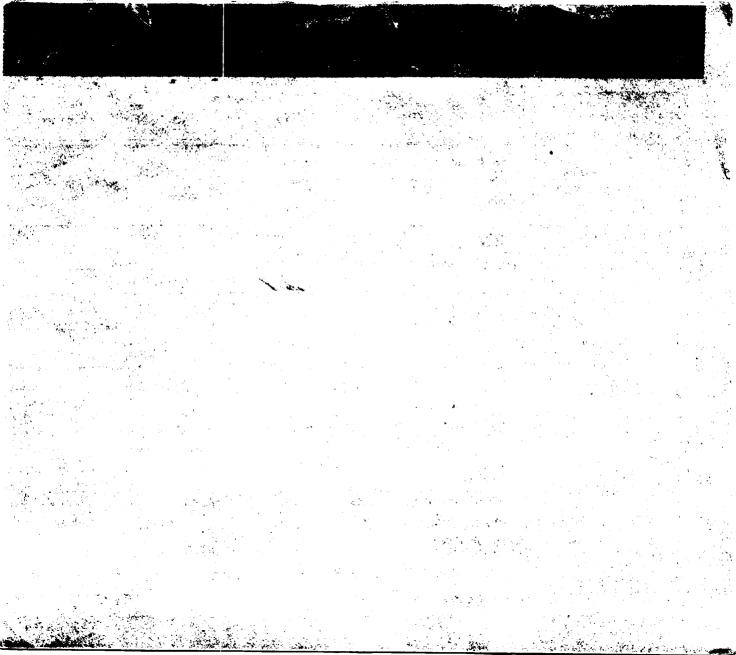
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	1	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
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sach, and the	City of the Company o	DEPARTMENT OF STATES AND BURBAY OF STATES OF SPETE 19949  District No. 2 State File No.
le for	tion give name.) Prim. Registr	ation District No. 2/6/ Local Registrar's No.
ist be made	3. Sex births 4. Twin, triplet, or other	Full term mater birth 118 7
RETURN must	10. Residence (usual place of abode) (If non-resident, give place and State)	maiden name fuel de la
	11. Color or race	22. Birthplace (city or place) activity State (State or country)
a SEPARATE ch in order of	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
at birth,	sawmill, bank, etc	25. Date (month and year) last engaged in this work 26. Total time (years) spent
10 child num	27. What prophylactic was used to prevent Ophthalmia No. 28. Number of children of this mother (At time of this birt) (a) Born alive and now	Bonatorum?  h and including this child)  r living(b) Born alive but now dead(c) Stillborn
then on		birth Before labor
In case of more t	etc., should make this return.  Or Give name added from	who was fullbarrat m. on the date above stated.  igned) M. D.  Midwife
N. B.—1	(Date of)	dress 2 - 30 198 4 Cay Registress,

WRITE PLAINLY WITH UNFADING INK -- THIS IS A PERMANENT RECORD.



STATE OF IDAHO DO NOT WRITE IN THIS SPACE RIMENT OF PUBLIC WELFARE Bannock BUREAU OF VITAL STATISTICS CERTIFICATE OF -Pocatello RECORD. Every State File No..... Registration District No ..... Primary Registration District No ... Local Registrar's No.... General Hospital Pocatello (If death occurred in a hospital or institution, give its name instead of street and number) Infant Eichelberger 2. FULL NAME..... Pocatello. (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs, mos. ds. How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. Color or Race 5. Single, Married, Widow-ed or Divorced (write the 3. SEX 21. DATE OF DEATH (month, day and year) Mar. 15934 Male Single White 22 I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of .... 193 to meh/5- 193. F. (or) WIFE of I last saw h....alive on ................. 193...; death is said 6. DATE OF BIRTH (month, day, and year) 15. March 1934. to have occurred on the date stated above, at .....m. The principal cause of death and related causes of impor-7. AGE Years Months If LESS than Davs Date of onset 1 day .... hrs. Still-born or .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... blaculo 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ...... occupation ...... Pocatello, 12. BIRTHPLACE (city or town) (State or country) Eichelberger Wm. 13. NAME Name of operation...... Date of....... 14. BIRTHPLACE (city or town).. What test confirmed diagnosis?.... Was there an autopsy?... (State or country) DE 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME Lenorrah Haas the following: Accident, suicide, or homicide?..... Date of injury.., 193. Pocatello. Q F 16. BIRTHPLACE (city or town) Where did injury occur?..... Idaho. (State or country) (Specify city or town, county, and state) Wm. Eichelberger 17. INFORMANT Specify whether injury occurred in industry, in home, or in Pocatello. (Address) nubite place. 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... Pocatello, Idahonte Mar. 18 1834 Nature of injury..... 24. Was disease or injury in any way related to occupation 19 UNDERTAKER Pocate 1 (Address) of deceased?.....

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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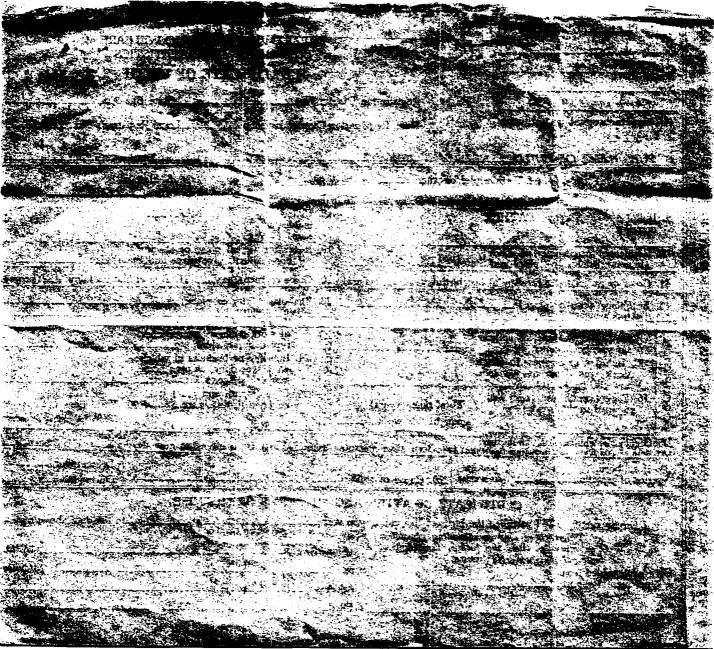
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CVAMDIE II

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Other contributory causes of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Bonnes BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH **2**20048 No. State File No. Registration District No. 2155 (If born in hospital or institution Local Registrar's No. 42 Prim. Registration District No. give name.) FULL NAME OF CHILD. 4. Twin, triplet, or other_____6. Premature 7. Legiti-8. Date of If plural mate? WOA births 5. Number, in order of birth.... Full term____ (MONTH, DAY, YEAR) ENT REC MOTHER 18. Full 9. Full FATHER maiden PERMANENT ch, and the numb name # 19. Residence (usual place of abode) 10. Relidence (usual place of abode) (If non-resident, give place and State) Saale (If non-resident, give place and State) and 20. Color or race Phate 21. Age at last birthday (years 11. Color or race 12. Age at last birthday 2.5. (years) 22. Birthplace (city or place) 2523 (State or country (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, foruseur, typist, nurse, clerk, etc. kind of work done, as spinner, OCCUPATION sawyer, bookkeeper, etc. ____ 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc. 1702126 sawmill, bank, etc. _____ 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last! engaged in this work 26. Total time (years) engaged in this work spent in this work X_ spent in this work LD. 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ___(b) Born alive but now dead ___(c) Stillborn. Before labor .... months 28. If stillborn. 29. Cause of stillbirth HNKONOTUNI period of destation During labor_____ CERTIFICATE OF ATTENDING PHYSICIAN OR MISWIFE m, on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician ) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report_____ (DATE OF) Registrar.



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ADDITIONAL SPACE I	FOR FURTH	ER STATEMENTS BY PHYSICIAN	<u> </u>
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EIVED PR 1 3 1934 Er was . STATE OF IDAHO country of Bonneville 845-13/ AND A TENCH City of 9 010-465 n case of mon order of birth CESTIFICATE OF BIRTH Registration District No. .... (It worn in Roseman or institution give name.) Prim. Registration District No. 1 Local Registrar's No. 2. FULL NAME OF CHILD... 8 B. 8. Date of march 3 If plural S. Sex births male RECORD. 5. Number, in order of birth.... Full term. mate LAC 9. Full FATHER 18. Full MOTRIER name maiden nace mon name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (To usual place and State) (If non-resident, give place and State) 11. Color or race Lite12. Age at last birthday So. (Years) 20. Color or race 21. Agent last birthday 30 18. Birthplace (city or place)...... 22. Birthplace (city or place) Larga of (State or country) (State or country) each. 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper Aleaseu kind of work done, as spinners. OCCUPATION typist, nurse, clerk, etc. ...... 15. Industry or business in which 24. Industry or business in which made work was done, as own home. lawyer's office, silk mill, etc. ..... 8 16. Date (month and year) 25. Date (month and year) last engaged in this work 26. Total time (years) spent must march in this work 1/18 in this work 12-3 WITH UNFADING R Soperate Return 27. What prophylactic was used to prevent Ophthalmia Neonatorim? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5. (b) Born alive but now dead......(c) Stillborn 3..... 29. If stillborn, months Before labor. Asla. 30. Cause of stillbirth period of gestation. During labor CERTIFICATE OF ATTENDING PHYSICAL OR MIDWIFE I hereby certify that I attended the birth of this child, who was on the date above stated. When there was no attending physician ! (Signed) ...L. or midwife, then the father, householder, ä etc. should make this return. Give name added from WRITE One chil a supplemental report..... Address (Date of) Filed... Registrar.

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PLACE OF SPENVED PR 1 3 **1934** STATE OF IDAHO. County of Bonneville DEPARTMENT OF PUBLIC PRESENT BURBAT OF VITAL MATERIAL City of Hako Gallo Q CERTIFICATE OF BIRTH No Memorial Hr 81 Registration District No. .... State Tile (If born in hospital or institution give name.) Prim. Registration District No. 21 1 70 Local Registrar's No. 16 & FULL NAME OF CHILD Tugren 6. Premature 467. Legiti-(f plura) 4. Twin, triplet, or other..... 8. Date of an de births birth. RECORD. 5. Number, in order of birth.... Full term..... mate? V Full FATHER 18. Full name maiden Leslie name marlia 10. Residence (usual prace of abode) 19. Residence (usual place of ahode) (If non-resident give place and State) Lacho Fallo. PERMANENT each, and the (If non-resident, give piace and State) State 11. Color or race 22 12. Age at last birthday 35 (years) 20. Color or race 21 11 21. Age at last birthday 50 (years (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, for A OCCUPATION typist, auree, clerk, etc. 15. Industry or business in which 24. Industry or business in which must be made work was done, as silk mill. work was done, as own home. sawmill, bank, etc..... 16. Date (month and year) last engaged in this work 17. Total time (years) spent 25. Date (month and year) 26. Total time (years) spent haren 13 in this work 4400 in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and new living. 3.. (b) Born alive but now dead...... (c) Stillborn. Before labor. months 29. If stillborn. or weeks 30. Cause of stillbirth... period of gestation...... During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. I hereby certify that I attended the birth of this child, who was mam. on the date above stated. When there was no attending physician / (Signed) ..... or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... CP CP Address Filed 7 2 Registrar.

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ry item o nould stat OCCUPA	PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPA			
item Id st	County of Ban neville BUREAU OF VITAL	STATISTICS		
ery ite should f OCC	CERTIFICATE O	F DEATH State File No S.S. 1.5.2		
	City of XXXXXX Galla Registration District No	7.3		
Z Z E	Primary Registration Distri	ct No		
E ₽	(No	S. Hacketel		
ORD. I	(If death occurred in a hospital or institution,	give its name instead of street and number.)		
RECORD. PHYSICIA act statem	2. FULL NAME			
RE PEC	(a) Residence. No.	St. Stow Face		
F EX	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.		
NEN TLY.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	21. DATE OF DEATH (month day, and year) Marche 1934		
ž ≥ 4 🖫	aril what or Divorced (write the word)	22. I HEREBY CERTIFY, That I attended deceased from		
DIC ER EX elas	5a. If maried, widowed, or divorced	march 50, 1934, to man 50, 1934		
_	HUSBAND of (or) WIFE of	I last saw hor thod mach 20, 193 4 : death is said		
OR B) S IS A be state properl ifficate.	3/2/2/	to have occurred on the date stated above, at		
OR IS OF ST	6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	The principal cause of death and related causes of importance were as follows:		
D FOR B HIS IS A lid be state be proper!	1 day, hrs.			
ED THE STATE OF SECTION OF SECTIO	8. Trade, profession, or particular	And the state of t		
	Z kind of work done, as spinner, sawyer, bookeeper, etc	270004		
SER INK GE it m	9. Industry or business in which	7/10		
	kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at 11. Total time (years)	Juliosis Macula		
	10. Date deceased last worked at 11. Total time (years)	Other contributory causes of importance:		
MARGIN I UNFADIN y supplied. terms, so tl	this occupation (month and spent in this occupation	Muritie Jox Sman		
MARGIN UNFADI y supplied terms, so instructio	12. BIRTHPLACE (city or town) Lake Falls	mother 2/3/2		
MAI UN UN Term	(State or country)	2-2-1		
	13. NAME Leslie John Lugien	Name of operation		
WITH carefull n plain it. See	14. BIRTHPLACE (city or town)	What test confirmed diagnosis?		
car in p	(State of Southly)	23. If death was due to exter icauses (violence) fill in also the following:		
. " O =	15. MAIDEN NAME Martha Farmon  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?		
LAINLY should b DEATH y importe	5   16. BIRTHPLACE (city or town)	(Specify city or town county, and State)		
LAINI should DEAT y impo	P. Lind and a second	Specify whether injury occurred in industry in home, or in public		
	17. INFORMENT (Address)	place		
E P tion OF	18. BURIAL, CREMATION, OR REMOVAL 3/	Manner of injury		
-WRITE information CAUSE O	Place About of the Date 123, 1934	Nature of injury  24. Was disease or injury in any way related to occupation of deceased?		
.—WRI inform CAUSI TION	19. UNDERTAKER (Address)			
IGEL	L Cell .0	(Signed) , M. D.		
<b>m</b>	20. FILED 7 - 2/, 193 4 Registrar	(Address) Joans Jalls		
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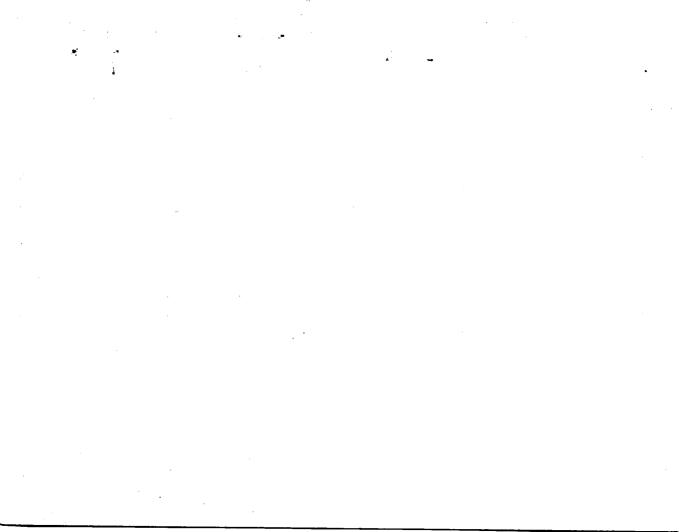
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		

256,222 013-386 STATE OF IDAHOR THACE OF BIRTH birt DEPARTMENT OF PUBLIC WELFARE 220139 County of Came BUREAU OF VITAL STATISTICS City of Gair CERTIFICATE OF BIRTH Registration District No......State File No.. (If born in hospital or institu-Prim. Registration District No. Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD..... If plural 4.Twin triplet, or other............. 6. Premature....... 7. Legiti-8. Date of 3. Sex. birth... births mate?. (Month. Day, Year) 5.Number, in order of birth..... Full term..... Kelualo MOTHER 18. Full 9. Full FATHER maiden name ż name 19. Residence (usual place of abode) PERMANENT RECORD. 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) ĕ 20. Color or race 2002 21. Age at last birthday 21 (years) hild 12. Age at last biphday...... (years) 13. Birthplace (city or place) Washington 22. Birthplace (city or place) Louis (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, typist, house Ke kind of work done, as spinner, Jaruung OCCUPATION nurse, clerk, etc..... sawyer, bookkeeper, etc. ..... 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, sawlawyer's office, silk mill, etc. home WITH UNFADING INK-THIS IS mill, bank, etc. 25. Date (month and year) 16. Date (month and year) last engaged in this work 17. Total time (years) last engaged in this work 26. Total time (years) spent in this work spent in this work 19..... 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living O.... (b) Born alive but now dead ... (c) Stillborn ..... What prophylactic was used to prevent Ophthalmia Neonatorum? 1.1. Before labor. RETURN months 28. If stillborn. or weeks 29. Cause of stillbirth premoturly During labor..... period of gestation. 9. Ma CERTIFICATE OF ATTENDING PHYSICIAN. OR MINIWIFE form at m. on the date above stated. Address . When there was no attending physician or midwife, then] Registrar. the father, householder, etc., should make this return.

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STATE OF TOAHO DEPARTMENT OF PUBLIC WELFARE County of Canarri BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH **3**20147 RETURN must birth stated. Registration District No. ____State File No. ____ Prim. Registration District No. 2005 Local Registrar's No. FULL NAME OF CHILD (IF STILLBORN, SUBSTITUTE THE WORD "STILLBIRTH" FOR NAME OF CHILD) Twin Number Date of Sex of Legiti-Triplet in order mate? birth ____ (MONTH) SEPAR/ O BE ANSWERED ONLY IN EVENT OF PLURAL BIRTHS) What prophylactic was used to prevent Ophthalmis Neonatorum?_____ Number of child of this mother, including present birth_______(a) Born alive and now living_______ _____Stillborn_____ Born alive but now dead.... FATHER PHILL MOTHER MAIDEN Pull. Residence (Usual place of abode) Wusa Residence (Usual place of abode) At LAN IT If non-resident, give place and State_____ If non-resident, give place and State____ Color or race_while Age at last Birthday 2.1 ... Color or race_while Age at last Birthday 29... Birthplace Detirum Birthplace _____ (CUT AND STATE OF GOUNTY) (QHIY, AND STATE OR COUNTY) Occupation Notsewell CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* ಕ್ಷಕ I hereby certify that I attended the birth of this child, who was Stillborn case on the date shove stated. *Where there was no attending physician \ or midwife, then the father, householder. etc., should make this return. A stillborn child is one that neither breathes nor shows Address other evidence of life after birth.

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STATE OF IDAHO TMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS County of Cassia State File No..... Primary Registration District No. 2/96 Local Registrar's No .... RECORD (If death occurred in a hospital or Astitution, give its name instead of street and number) 2. FULL NAME.... (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow. 1984 ed or Divorced (write the 21. DATE OF DEATH (month, day and word) 22. I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) I last saw h...alive on .................. 193...: death is said to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-Years/ Months If LESS than tance were as follows: Date of onset 1 day,... hrs. or .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation ... 12. BIRTHPLACE (city or town) (State or country) 18. NAME 14. BIRTHPLACE (city or town) What test confirmed diagnosis?.... Was there an autopsy?... (State or country) MOTHER 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or town ō Where did injury occur?..... (State or country) (Specify city or town, county, and state) **ATIOI** 17. INFORMANT Specify whether injury occurred in industry, in home, or in CAUSI (Address) public place. ..... state CA OCCUPA 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... Iround Dato ace 6. 1934 Nature of injury..... 24. Was disease or injury in any way related to eccupation 19. UNDERTAKER (Address) of deceased?. (Signed)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees." "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as greecry store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	

STATE OF IDAHO County of Laser DEPARTMENT OF PUBLIC WELFARE In case of more the BURNAU OF VITAL STATISTICS SECTIFICATE OF BIRTH 22 () 21 4 .....State File No. .... (If born in hospital or institu-Prim. Registration District No. 2/26 Local Registrar's No. 65 tion give name.) 2. FULL NAME OF CHILD. N. B.-7. Legiti-If plural 4. Twin, triplet, or other........... 6. Premature. 8. Date of births 5. Number, in order of birth.... Full term RECORD. 9. Full FATHER 18. Full MOTHER . name maiden name 19. Residence (neual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) Curley of PERMANENT (If non-resident, give place and State) 20. Color or race. [2] | 21. Age et last birthday. 13. Birthplace (city or place) 22. Birthplace (city or place). (State or country) (State or country) each. 14. Trade, profession, or particular 23. Trade, profession, or particular kindkind of work done as spinder of work done, as housekeeper. sawyer, bookkeeper, etc Jack Mutal TION typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which made work was done, as silk mill. work was done, as own home. OCCUP sawmill, bank, etc..... lawyer's office, silk mill, etc. 25. Date (month and year) 26. Total time (years) spent þ 16. Date (month and year) last engaged in this work 17. Total time (years) spent must ______, 19 ____ in this work ______, 19 _____, 19 _____ in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING a Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead......(c) Stillborn..... Before labor..... months or weeks 30. Cause of stillbirth..... 29. If stillborn. During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR ANDWIFE read 204m. on the date above stated. I hereby certify that I attended the birth of this child, who was, form Alive or William A. Party When there was no attending physician / (Signed) ...... or midwife, then the father, householder, etc. should make this return. or ..... Give name added from WRITE One chik Address 🔏 Registrar.

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PLACE OF DEATH DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE RURBAU OF VITAL STATISTICS State File No..... Registration District No. RECORD. Ev. Primary Registration District No. 2/96 Local Registrar's No... (No. (If death occurred in a hornital or institution, give its name instead of street and number) 2. FULL NAME. (a) Residence. No..... (If nonresident give city or town and state) (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widow-4. Color or Race 21. DATE OF DEATH (month, day and year) 193 ed or Divorced (write the mal HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced Man 15 1934 to Man 15 1987. HUSBAND of (or) WIFE of I last saw h..., alive on ............ 193...: death is said 6, DATE OF BIRTH (month, day, and year) to have occurred on the date stated above. at L. M. .. m. The principal cause of death and related causes of impor-7. AGE Months Dave If LESS than tance were as follows: Date of onset 1 day .... hrs. or. .... min. 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc ...... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc.... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this occupation/ (mo. and vr.) ..... 12. BIRTHPLACE (city of town) . . (State or country) 13. NAME Name of operation.... 14. BIRTHPLACE (city of astron What test confirmed diagnosis?.... Was there an autopsy?... (State or country) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (olty or) town) (State or country) Where did injury occur?..... Ō (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT public place. ..... (Address) 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... ./ Datee J. . Nature of injury.... 24. Was disease of injury in any way related to occupation 19. UNDERTAKER ...... of deceased? (Address) (Signed) 20. FILED.

STATE OF IDAHO

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows;	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOD FIIDTU		
	TOR FURIT	TER STATEMENTS BY PHYSICIAN	

PLACE OF MAYED ... R. 1 1946 NT OF PURE WELFARE Franklin BURNATI OF VITAL MATIRITOR Weston CERTIFICATE OF BIETH 220275 City of..... No. Registration District No. ...... State File No. (If born in hospital or institu-Prim. Registration District No. 2/19 Local Registrar's No. 69 tion give name.) 2. FULL NAME OF CHILD Baby Girl Hanny - A 80 7. Legiti-4. Twin, triplet, or other......... 6. Premature. (f plural 8. Date of 3. Sex birth Mar. births mate? Ves Full termue 5. Number, in order of birth..... RECORD. remale. MOTHER 9. Pull FATHER 18. Full maiden name Jessie Fowler Hanev Melvina L Dame 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) Weston (If non-resident, give place and State) .... eston..... PERMANENT each, and the 11. Color or race white 12. Age at last birthday 19. (years) 20. Color or race white 31. Age at last birthday 18 (years) 22. Birthplace (city or place). Dauton.
(State or country) Idaho. 18. Birthplace (city or place) .... Tennessee ..... (State or country) Jackson County 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .........housakeenar...... OCCUPATION A SI SIHT-24. Industry or business in which work was done, as own home. lawyer's office, silk mill, etc. must be 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work in this work in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. I...(b) Born alive but now dead......(c) Stiliborn ..... Before labor..... months or weeks 30. Cause of stillbirth.... 29. If stillborn. period of gestation..... During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE :45M I hereby certify that I attended the birth of this child, who was Stillhorm the date above stated. When there was no attending physician / or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report.....(Date of) Registrar.

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AGGEIVED IN STATE OF HISTO DEPARTMENT OF PUBLIC WELFARE County of X BUREAU OF VITAL STATISTICS AC City of State File No.____ Registration District No... Prim. Registration District No. 2/44 (If born in hospital or institution Local Registrar's No.. give name.) narine 2. FULL NAME OF CHILD! YLCLAIN 8. Date of If plural 4. Twin, triplet, or other_____ 6. Premature 77. Legitibirth res births 5. Number, in order of birth____ Full term LA. mate?_L (MONTH, DAY, YEAR) Q. Pull FATHER 18. Full MOTHER maiden PERMANENT ch, and the numb name Anna Kowens 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and state), (If non-resident, give place and State) 11. Color or race 12. Age at last birthday Q Q (years 20. Color or race 21. Age at last birthday 22. Birthplace (city or place) ___ 13. Birthplace (city or place) ____ (State or country) (State or sountry) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc. sawyer, bookkeeper, etc. ____ 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill. lawver's office, silk mill, etc.. sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last 26. Total time (vears) engaged in this work spent in dia spent in this work. 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living Q. (b) Born alive but now dead Q. (c) Stillborn. months 28. If stillborn. 29. Cause of stillbirthere period of gestation. CERTIFICATE OF ATTENDING PHYSICIAN OR, MIDWIFE I hereby certify that I attended the bistir of this child, who was 1 m. on the date above stated. When there was no attending physician ) or midwife, then the father, householder, (Signed) . etc., should make this return. Give name added from a supplemental report..... Address . (DATE OF) Registrar. Registrar.



4	5 <b>2 5</b> 6	STATE OF I	DAHO
Ì	d state	PLACE OF DEATH DEPARTMENT OF PU	
		BUREAU OF VITAL	
		CERTIFICATE	OF DEATH   State File No. 88283
		City of Registration District No	64
P	ICIANS atatement	Primary Registration Distr	
6	. <b>[</b>		
9		(No(Hodeath occurred an a hospital or institution	Legive its name instead of street and number.)
400740	of S. C.	2. FULL NAME May Maxing +	Ladberg.
9	PHYSICIA Exact state	(a) Residence. No	the Time Ha
	<b>-</b>	(Usual place of abode) Length of residence in city or town where death occurred. yrs, mos	(If nonresident give city or town and state) s. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
202	i i		MEDICAL CERTIFICATE OF DEATH
7	CTLY	PERSONAL AND STATISTICAL PARTICULARS	
Ş	य च्या च	3.SEX 4. COLOB OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (Month, day, and year)
NIC.	EX.	remate muce ample.	22. I HERELY CERTIFY, That I attended deceased from 193
Z	T A D	5a. If maried, widowed, or divorced HUSBAND of	
BI	refered EX roperly cl	(or) WIFE of	I last saw the data stated above, at
<b>#</b> 2		6. DATE OF BIRTH (month, day, and year)	The principal cause of death and related causes of importance
2 a	3 4 4 4	7. AGE Years Months Days If LESS than 1 dayOhrs.	Date of onset
Q E		O O O or O min.	
VE	ho bac	8. Trade, profession, or particular kind of work done, as spinner,	Desert Reseletion of mother.
E	1 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	sawyer, bookeeper, etc	
SE	3 Mai 19 1	9. Industry or business in which work was done, as silk mill,	7
RE	tic the	work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at this convention (worth and this convention (worth and this convention).	Other contributory causes of importance:
Z		10. Date deceased last worked at this occupation (month and year) spent in this occupation.	
- ⊼ ∢		10 801	
MARC	in o	12. BIRTHPLACE (city or town) (State or country)	
X	P (0)	13. NAME Wilds Flodberg.	Name of operation Date of
<u> </u>	rant refull plain aut.	13. NAME Wilding Hodberg.  14. BIRTHPLACE (city or town) / 199	What test confirmed diagnosis? Was there an autopsy?
3	pl pl	(State or country)	23. If death was due to exter icauses (violence) all in also the following:
	i be carefu IH in plai	15. MAIDEN NAME Anna Rousens, Le den	Accident, suicide, or homicide? Date of injury, 193
, , , , , , , , , , , , , , , , , , ,		15. MAIDEN NAMEAnna Lowera Leden 16. BIRTHPLACE (city or town)	Where did injury occur?(Specify city or town, county, and State)
	hould be DEATH	(State or country)	Specify whether injury occurred in industry in home, or in public
<b>*</b>	should DEAT	17. INFORMENT Olding - Codbug:	blace.
Α.	4 a 14 .5	(Address)	Manner of injury
1	NO S	18. BURIAL, CREMATION, OR REMOVAL Place Dry Creef Date Jel 15, 193 9	Nature of injury
Werre	ormati USE ( TION		24. Was disease or injury in any way related to occupation of deceased?
3	inform CAUS PATI	19. UNDERTAKER JOHN J. C. R. L. L. C. R. L. L. C. R. L. L. L. C. R. L.	O If so, specify
	HOR	Total 16 moth Liver On Proken	(Signed) Karry whouse, M.
)d P=	;	20. FILED Leb / 6 , 193 & Wey M Service Registrar.	(Address) Moren Jaar
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STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from Eusiness, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related The PRINCIPAL CAUSE OF DEATH and related Date of onset Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: GallstonesMay 1, 1923 Gastroenteritis 1 year ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED PLACE OF BIRTH 3/14-123 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Late BUREAU OF VITAL STATISTICS 220368 City of Manage CERTIFICATE OF BIRTH ____State File No.____ Registration District No..... (If born in hospital or institution Prim. Registration District No. 1011 Local Registrar's No. 35 give name.) FULL NAME OF CHILD. RECORD. If plural 4. Twin, triplet, or other ...... 6. Prematur Jac. 7. Legiti-8. Date of 3. Sex birth_3-23births mate?_Zde 5. Number, in order of birth____ Full term____ (MONTH. DAY, YEAR) MOTHER 18. Full 9. Full FATHER A PERMANENT RI each, and the number maiden namo name ( 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and state)_____ 20. Color or race 221. Age at last birthday 28 (years) 11. Color or race 12. Age at last birthday 3-3_ (years) 22. Birthplace (city or place) ____ 13. Birthplace (city or place) ____ (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, typist, nurse, clerk, etc សិទ kind of work done, as spinner, CCUPATION OCCUPATION sawyer, bookkeeper, etc. _____ THIS made 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc ... .ጀ sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) must 25. Date (month and year) last 26. Total time (years) spent in this work. engaged in this work WITH UNFADING a SEPARATE RETURN II spent in this works 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living .... (b) Born alive but now dead ..... (c) Stillborn ...... Before labor___ months 28. If stillborn. 29. Cause of stillbirth Maternal Toxanna During labor_____ period of gestation_____ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Still horates at 11.404,m. on the date above stated. When there was no attending physician ) or midwife, then the father, householder, etc., should make this return. Midwife Give name added from a supplemental report_____ (DATE OF) Filed.... Registrar.

The second secon and to substitute or many and the substitute of A PART OF A STATE OF THE PART Partie of the parties of the last The second of th A STATE OF THE SECOND the state of the s 

N. B...-WRITE PLAINLY, WITH UNFADING INK..-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

	* 4 *			
PLACE OF DEATH	STATE OF ID DEPARTMENT OF PUB		DO NOT WRITE IN	THIS SPACE
County of Latah	BUREAU OF VITAL	STATISTICS		88275
City of MOSCOW	CERTIFICATE C	F DEATH	State File No	00219
City of	Registration District No	61	<u></u>	
	Primary Registration Distric			23
			Local Registrar's No	
(If death occurre	(No. Gritman HOS	ve its name instead	of street and number)	. (-
	SM-TON			200
(a) Residence. No			St	
(Usual place of abode Length of residence in city or low	)	(If nonremos, ds. How long	sident give city or town in U.S., if of foreign birth	and state) ? yrs. mos. ds.
PERSONAL AND STATE	STICAL PARTICULARS	H	AL CERTIFICATE OF D	
3. SEX 4. Color or Ra	ce 5. Single, Married, Widow- ed or Divorced (write the	21. DATE OF DEA	ATH (month, day and ye	ear) 3/23 1934
Male White	word) Child	IX	ERTIFY, That Lattend	
5a. If married, widowed, or di HUSBAND of	vorced	11	3,193 H., to Ma	7 1
(or) WIFE of 6. DATE OF BIRTH (month, of		II.	live on 193	, ,
Mar.23.1934	iay, and year)	to have occurred	on the date stated abov	e, atm.
7. AGE Years Months		1	ne of death and related	
Stillborn	1 day, hrs.	ter		Date of onset
8. Trade, profession, or part kind of work done, as	icular			
9. Industry or business in				
work was done, as silk a	nill,			
kind of work done, as a sawyer, bookkeeper, etc.  9. Industry or business in work was done, as silk a saw mill, bank, etc  10. Date deceased last work ed at this occupation	n 11. Total time (years) n spent in this			•••
(mo. and yr.)		Other contribut	ory causes of importance	:
12. BIRTHPLACE (city or tox	wn) Moscow,	vot- Mare	123 1934	
(State or country)	Idaho	Cest sow - 7	March 23 1934	
E 13. NAME Arthur Ca		Nome of energic	n	
14. BIRTHPLACE (city or (State or country) .		11	ed diagnosis? Was th	
Carrie		the following:	due to exter'l causes (vic	
2 16. BIRTHPLACE (city or	Blains	ll '	or homicide? Dat y occur?	e or injury, 193.
(State or country)	TGSUO	. (Si	pecify city or town, cour	
17. INFORMANT MOSOCW	R. Cameron Idaho	1	njury occurred in indust	
18. BURIAL, ERMATRATOR-OR	REMOVE. 7	H		
Place MOSOCW	Date 3/2, 193.4	Nature of injury		
19. UNDERTAKER	Water Da	1 14	r injury in any way rela	ated to occupation
(Address)	1 4 1 1 - A	of deceased?	Irmale	M. D.
20, FILED. 4.7.9, 1984	Hay Money.	(Signed) (Address)	Morcow.	Dal
	V Itografia.	n ,		

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

DVANDI D

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not

CAMIFLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of case
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	

356109 035 1413 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of **BUREAU OF VITAL STATISTICS** CERTIFICATE OF BIRTH 220454 City of_ Registration District No. 1224 State File No. (If born in/hospital or institution Prim. Registration District No. 96 Local Registrar's No. give name FULL NAME OF CHILD. 8. Date of 4. Twin, triplet, or other____ 6. Premature 7. Legiti-3. Sex If plural birth meere births Full term nate? 5. Number, in order of birth____ (MONTH, DAY, YEAR) ma MOTHER 18. Fall 9. Full FATHER Kaiden pame mathens PERMANENT ch, and the numb name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and States (If non-resident, give place and State Commercial day ___21. Age at last birthday 2.3 (years) 11. Color or race 11. 12. Age at last birthday 3 1 (years) 22. Birthplace (city or place) 13. Birthplace (city or place) _ L (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular SP of work done, as housekeesee kind of work done, as spinner,/ typist, nurse, clerk, etc. CCUPATION sawyer, bookkeeper, etc. ____ THIS made 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc.. sawmill, bank, etc. _____ 16. Date (month and year) last 17. Total time (years) INK must 25. Date (month and year) last engaged in this work 26. Total time (years) UNFADING DATE RETURN IN spent in this wor 1934 spent in this work 27. Number of children of this mother (a) Born alive and now living (b) Born alive but now dead (c) Stillborn Before labor months 28. If stillborn. period of gestation_______? 29. Cause of stillbirth. During labor or weeks CERTIFICATE OF ATTENDING PHYSY m, on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician ) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report_____ (DATE OF) Registrar. Registrar.

The same of the sa M. W. W. T. W. W. 

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STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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EXAMPLE I		EXAMPLE II			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other CONTRIBUTORY CAUSES of importance:	M 4 4000	Other CONTRIBUTORY CAUSES of importance:			
Guissones	May 1, 1923	Gastroenteritis	1 year		
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	. 1		
		· · · · · · · · · · · · · · · · · · ·			

APR 10 10 PLACE OF BIRTH In case of more una STATE OF CDARO DEPARTMENT OF PUBLIC WELFARE County of ... BUREAU OF VIEAL STATISTICS City of CERTIFICATE OF BIRTH 220509 123 Registration District No. State File No. (If born in homital or institu-Prim. Registration District No. .. 5. 2. 91 Local Registrar's No. .. 27 tion give name.) & FULL NAME OF CHILD Boby Harvay N. B.-7. Legiti-4. Twin, triplet, or other.......... 6. Premature. [f plare] 8. Date of 3. Sex 0 birtha Full term I meter Yes 5. Number, in order of birth..... RECORD. 9. Pull MOTHER FATHER 18. Pull name maiden Julianna Andersan Roy Edgar Harvey name 10. Residence (usual place of abode) 19. Residence (usual place of shode) (If non-resident, give place and State) Kingston (If non-resident, give place and State)... Kingston. 22. Birthplace (city or place)... North Dakota (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind sawyer, bookkeeper, etc Miner 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work 17. Total time (years) spent of work done, as housekeeper. kind of work done, as spinner, typist, nurse, clerk, etc. 24. Industry or business in which made work was done, as own home. lawyer's office, slik mill, etc. 25. Date (month and year) 26. Total time (years) spent þ must in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living .....(b) Born alive but now dead ......(c) Stillborn ..... Before labor..... 29. If stillborn. eight monthsmonths or weeks 30. Cause of stillbirth. Hydrocephelus period of gestation..... During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWETT :00 A. M. I hereby certify that I attended the birth of this child, who wastillescri. et ...... m. on the date above stated. PLAINLY id at birth When there was no attending physician / or midwife, then the father, householder, etc. should make this return. or ..... Midwife Give name added from Address .....Kalogg, Idaho a supplemental report..... 2N.10 1984 Mus. Registrar.

the England Towns of the State week to the thirthway. Some on the the piece (car is piece) Court of the state The lot of the state of the sales as landered an hindrings in which and the state of the state of the contract of the same of the party of the land Mary May 1 the total and the state of the THE MARKET PER THERMAN TO ALL THE PROPERTY OF THE PARTY OF THE PARTY

A MARINE THE PROPERTY OF LIVE capieds the sale of the sale of THE RESERVE THE PARTY OF THE PARTY. THE PARTY OF THE P The state of the s THE REAL PROPERTY AND ASSESSED. AT MAY ALL STRATEGY TO TAKE A SALE OF THE supply him demonst which to be the farmer shirt being the way after in farmer the IN COM MOTH The contract of the property of the contract o The state of the second of the down to sent the party those with the place will be before a building from the party of the part THE PARTY OF THE P Children and Child

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d state occu-STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS shou CERTIFICATE OF DEATH Every State File No..... statement PHYSICIANS Local Registrar's No...... RECORD. 2. FULL NAME. Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. mos. ds. How long in U. S., if of foreign birth? yrs. yrs. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, 3.SEX COLOR ON RACE 21. DATE OF DEATH (month day, and year) 193 L or Divorced (write the word) I HEREBY CERTIFY. That I attended deceased from...... ....., 193...., to......., 193...., 193.... 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of to have occurred on the date stated above, at......m. 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of importance were as follows: If LESS than Date of onser 7. AGE Years Months 1 day, .... hrs. min. 8. Trade, profession, or particular kind of work done, as spinner, OCCUPATION sawyer, bookeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc ..... Other contributory causes of importance: 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation.. vear) 12. BIRTHPLACE (city or town (State or country) FATHER Name of operation....... Date of ...... 13. NAME What test confirmed diagnosis? ...... Was there an autopsy?.... important. 14. BIRTHPLACE (city or town). (State of country) 23. If death was due to exter leauses (violence) fill in also the following: 15. MAIDEN NAME DEATH Where did injury occur? (Specify city or town county, and State) (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) OF. Manner of injury..... --WRITE 18. BURIAL Nature of injury CAUSE 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) ..... If so, specify...... (Signed).. (Address)

STALLMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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EXAMPLE I		EXAMPLE II			
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year		
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN			
			·····		

PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS City of Mu **~**220563 CERTIFICATE OF BIRTH State File No.____ Registration District No.... 693-204042-819 2085 (If born in hospital or institution Prim. Registration District No. Local Registrar's No. give name.) 2. FULL NAME OF CHILD______ RECORD. 8. Date of If plural 4. Twin, triplet, or other____ 6. Premature 7. Legiti-3. Sex birth. births 5. Number, in order of birth____ Full term_X___ ಕ 18. Full MOTHER 9. Pull **FATHER** maiden Elizabeth Harriac name ( A PERMANENT each, and the numb Farrison name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and state) Photos. Age at last birthday 3 1 (years) 11. Color or race 11 te 12. Age at last birthday 46 (years) 22. Birthplace (city or place) Success
(State or country) 13. Birthplace (city or place) Harys wille (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, ស្តីទ kind of work done, as spinner, as sour typist, nurse, clerk, etc.____ sawyer, bookkeeper, etc. _ 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawver's office, silk mill, etc._____ sawmill, hank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last must engaged in this work 26. Total time (years) engaged in this work spent in this work____ WITH UNFADING a SEPARATE RETURN II spent in this work ..... 27. Number of children of this mother
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STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
			••••••
	•••••••••••••••••••••••••••••••••••••••		***************************************
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PLACE OF B STATE OF IDAHO DEPARTMENT OF BUBLIC WELFARE BUREAU OF WITAL STATISTICS CERTIFICATE OF RECTH a m (If born in hospital or institution Local Registrar's No. Prim. Registration District No. give name.) 22.0564 FULL NAME OF CHILD A PERMANENT RECORD. each, and the number of each, 8. Date of 6. Premature 7. Legiti-If plurat birth Mas 5. Number, in order of birth____ mate? 40 Full term 1201 (MONTH, DAY, YEAR) MOTHER 18. Full 9. Full **FATHER** maiden name name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) Kunder (If non-resident, give place and State) Runge 20. Color or race_Wille 21. Age at last birthday (1. (years) 11. Color or race 1011 12. Age at last birthday 50 22. Birthplace (city or place)_____ 13. Birthplace (city or place) __ (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind f S of work done, as housekeeper, kind of work done, as spinner, CCUPATION typist, nurse, clerk, etc. Hours sawyer, bookkeeper, etc. THIS made 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill. lawyer's office, silk mill, etc., sawmill, bank, etc. ____ 16. Date (month and year) last 17. Total time (years) INK Interest 25. Date (month and year) last engaged in this work 26. Total time (years)a WITH UNFADING a SEPARATE RETURN II spent in this work spent in this work 2.4. man. 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (1.6) Born alive but now dead__3__(c) Stillborn_ Before labor_ 28. If stillborn. months 29. Cause of stillbirth / Haldsaci period of destation. During labor ... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 1 Lai 4.00 km. on the date above stated. I hereby certify that I attended the birth of this child, who was a When there was no attending physician ) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report_____ (DATE OF) Registrar.



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very item of should state it of OCCU.	PLACE OF DEATH DEPARTMENT OF PUB BUREAU OF VITAL S	BLIC WELFARE DO NOT WRITE IN THIS SPACE
very item should sta it of OCC	County of Pwin Falls CERTIFICATE O	
Evel S. sh	City of Twin Falls Registration District No.	37
N.N.	Primary Registration Distri	ct No. 2083 Local Registrar's No. 6.7
REGORD. Ev PHYSICIANS & Exact statement	(No(If death occurred in a hospital or institution,	give its name instead of street and number.)
RECC HYS xact	2. FULL NAMEBaby Hansing	
	(a) Residence. No	St.  (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
NENT ILY.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 <b>₹</b> 2 iii	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (DATE day, 27d years /34 193
NDING PERMANE   EXACTLY y classified	re male white single	22. I HEREBY CER'IFY, That I attended deceased from 1934, to 22 2 1934,
ZATE	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	I last saw h altre Statistants 103 : death is said
70 4 4	6, DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at
FOR IS IS be a pro	7. AGE Years Months Days If LESS than 1 day,hrs.	were as follows:  Date of onset
	Still Born or min.	Justine .
KVE 3 S sho may	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc	couse of death
RESERVED NG INKTJ AGE shoul that it may	9. Industry or business in which	not determined.
RES NG NG that	work was done, as silk mill, saw mill, bank, etc	Other Contributing causes of importance:
	O 10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	low lesm-
ARGIN INFADI supplied	12. BIRTHPLACE (city or town) <b>Idaho</b>	
M H U	13. NAME A Hansing 14. BIRTHPLACE (city or town) (State or country)	Name of operation
WITH carefull n plain	14. BIRTHPLACE (city or town) (State or country)  Kansas	What test confirmed diagnosis?
i Ga	120121000	Accident, suicide, or homicide? Date of injury, 193
VLY d be TH	16. BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town county, and State)
LAINLY should be DEATH		Specify whether injury occurred in industry in home, or in public
PL on sh or D	17. INFORMENT A	place.  Manner of injury.
ETER Bation E O	18. BURIAL, CREMATION, OR REMOVAL	Nature of injury
WRITE information CAUSE OF	Place Twin Falls Date Mar 28/34  19. UNDERTAKER	24. Was disease or injury in any way related to occupation of decease if
info CAL	(Address) I E Drake	(Signed) M. D.
m	20. FILED Mar. 30 193 4 Twin Falls  120. FILED Mar. 30 193 4 Twin Falls	(Address) / Limbur flack
7		

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

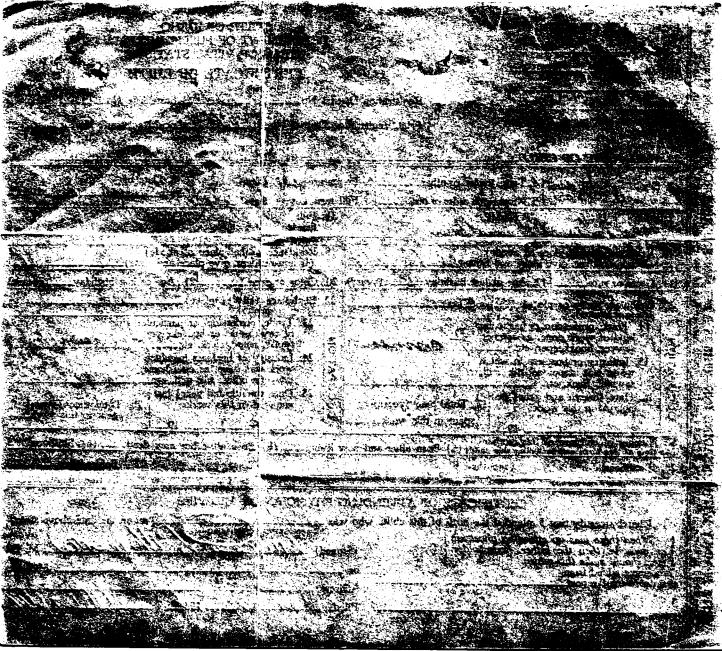
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I	Ī	EXAMPLE II	-
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
			·····

PLACE OF BUILD STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE Country of Term talk BUREAU OF VITAL STATISTICS City of B CERTIFICATE OF BIRTH Registration District No..... State File No.____ (If born in hospital or institution Prim. Registration District No. Local Registrar's No. give name.) 2. FULL NAME OF CHILD..... RECORD If plural 4. Twin, triplet, or other_____6. Premature 4247. Legiti-8. Date of temale births 5. Number, in order of birth Full term 200 mate?_ULC (MONTH, DAY, YEAR **FATHER** 18. Full MOTHER 9. Full maiden PERMANENT ch, and the numb name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and state) 1211 11. Color or race 22. 12. Age at last birthday 25. (years) ___21. Age at last birthday 27_(years 20. Color or race_//_ 22. Birthplace (city or place) .... 13. Birthplace (city or place) (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular SS kind of work done, as spinner, sawver, bookkeeper, etc. _____ 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc. XXXX sawmill, bank, etc. 25. Date (month and year) last 16. Date (month and year) last 17. Total time (years) engaged in this work 26. Total time (years) engaged in this work spent in this work. spent in this work. uaus aluna 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ... (b) Born alive but now dead ... (c) Stillborn... Before labor ____ 28. If stillborn. 29. Cause of stillbirth Hy Ma period of gestation_0_1220. During labor_____ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE LM m, on the date above stated. I hereby certify that I attended the birth of this child, who was  $\angle 0.25$ . When there was no attending physician ) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report_____ (DATE OF) ... 1934 Registrar.



CHARD	195	•		
PLACE OF	DEATH?	STATE OF IDEPARTMENT OF PUR BUREAU OF VITAL	SLIC WELFARE	DO NOT WRITE IN THIS SPACE
City of	ukl.	CERTIFICATE	OF DEATH	State File No.
		Registration District No	~ /n /0 T	
	1	Primary Registration Distri	ct NoYUX	Local Registrar's No
2. FULL NAM	if death occurred in		ive its name instead	of street and number) 205
(a) Resider	nce. No			. St
Length of residen	place of abode) ce in city or town	where death occurred. vrs.	mos. ds. How long i	sident give city or town and state) in U. S., if of foreign birth? yrs. mos.
PERSONA		CAL PARTICULARS	MEDICA	AL CERTIFICATE OF DEATH
Truale	White	5. Single, Married, Widow ed or Divorced (write the word)	21. DATE OF DEA	ATH (month, day and year) 3/1819
5a. If married, HUSBAND o	widowed, or divo			ERTIFY, That I attended deceased fro
(or) WIFE	of		1	., 193, to <b>5/.1</b> 8/.34, 193
6. DATE OF B	RTH (month, day			live on, 193: death is so on the date stated above, at 10:15.m
7. AGE Ye	ars Months	Days If LESS tha	The principal cau	se of death and related causes of imp
		O l day, hr	s. separation.	of placenta, Date of one
8. Trade, pro	ofession, or particu work done, as spin	lar	Dead at bi	rth, premature
9. Industry	ookkeeper, etc or business in wh	······	one month	at bir
work was	done, as silk mill bank, etc			
10. Date dec	eased last work- this occupation	11. Total time (years) spent in this	Other contains	ory causes of importance;
(mo. and	yr.)	occupation	- Cther contribute	ory causes of importance;
(State o	CE (city or town) r country)		Hydrocapha	lus, birth.
13. NAME	P. D. 1	Ndleswork.		
14. BIRTHP	LACE (city or tov	( Hedrick	Name of operation	nnone
E (Stat	e or country)	Sayo	El	ed diagnosis? Was there an autopsy
15. MAIDEN	NAME (a	te wift	the following:	due to exter'l causes (violence) fill in a
15. MAIDEN 16. BIRTHP	LACE (city or tove or country)	vn) Ray Mote	Where did injury	or homicide?
17. INFORMAN' (Address		oleworth	li-	njury occurred in industry, in home, or
	REMATION OR R	BMOVAL 3/	Manner of injury	
Place	Sund:	Date	Nature of injury.	none
19. UNDERTAK (Address		o Xi Junai	• TT	r injury in any way related to occupat
20. FILED.	7.3. 1934	J. 7/ W/3 1 1/1	(Signed) .	mount N. Hyrand V.
	······································	1 - 1 W WROTHERS	(Address)	Twin. Falls. Idaho

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

PYAMPIR I

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

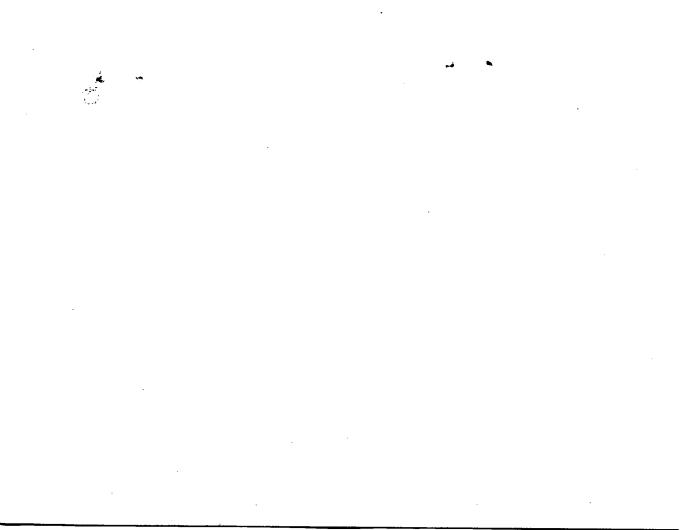
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II			
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Onte of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Bate of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year		
ADDITIONAL SPACE	FOR FURTE	HER STATEMENTS BY PHYSICIAN			

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE 220577 City of..... CERTIFICATE OF BIRTH" Registration District No..... State File No..... (If born in hospital or institution Prim. Registration District No. 2081 Local Registrar's No. 6 give name.) FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child) Number Sex of Legiti-Date of Triplet and < in order Child or other? birth 2 mate? (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth. (a) Born alive and now living.... FULL MAIDEN Residence (Usual place of abode) It non-resident, give place and State If non-resident, give place and State (City and State or County) (City State or County) Occupation dousses CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was! Stillborn on the date above stated. (Signature) *Where there was no attending physician or midwife, then the father, householder, (Physician of midwife) etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



21 5	FIVED	7 7 7 16		ATE OF IDAHO			
	F	•		T OF PUBLIC V	VELFARE	DO NOT WRITE IN	THIS SPACE QQAID
				OF VITAL STAT	TOMITOR I	tate File No	
_	PLACE OF DE	ATH E		IFICATE OF DEA	[ ×	tate File 140.	
County	of Twi		Danishantian Dist	det No. 37		4	
City of	ville	<i>~</i>	Primary Registra	tion District No.	2080	Local F	tegistrar's No. Z
			Primary Registra	tion District No.			
		4.0	rred in a hospitator	i_atitution diva its v	name instead of st	reet and number.)	1 6 4
		If death occu	rred in a nospital of	y yarn	ell_		
2. FU	LL NAME	No of	my I				
(a)	Residence. No. (Usual place of ah		ner.	<u>/</u>		(If nonresident give U. S. if of foreign birth	city or town and State.
Length o	of residence in city	or town where	death occured. y	rs. mos. ds.			
	PERSONAL	AND STATISTICA	L PARTICULARS		··· MI	EDICAL CERTIFICATE	OF DEATH
3. SEX	4. COL	OR OR RACE	5. Single, Marri	ed, Widowed,	6. DATE OF D	EATH	1
len	uslo	wkite.	or Divorced (wri	1/2 1	***************************************	(Month)	(Day) (Yes
7	narried, widowed, or	divorsed	· · · · · · · · · · · · · · · · · · ·				(
<i>v</i>	IUSBAND of -	divorced	V	1	17. I HEREBY C	ERTIFY, That I attended	decease d Form
	or) WIFE of						- <b>J</b> 19
6. DAT	E OF BIRTH (mont	th, day and year)	Feb. 81	34	that I last saw h	alive on	, 19.
7. AGE	Years	Months D	ays If LES	than 1 day,			tated above, at
ļ	-			min.	*State the DISE	ASE CAUSING DEATH,  1) MEANS AND NAT	or in deaths from VIOI URE OF INJURY, and
8. OCC	UPATION OF DEC	EASED	<del></del>		whether ACCIDES	NTAL, SUICIDAL, or HO EATH* was as follows:	or in deaths from VIOL URE OF INJURY, and OMICIDAL.
(a)	Trade, profession, or			li i	mal	rentritl	on
]}				ļ			
II \$	General nature of i	4 i				T. 10 B.	7.1/
11	Name of employer	noyer,				24 150	
					***************************************	(duration)	yrsmos
	THPLACE (city or te or country)	town)			CONTRIBUTORY		
	NAME OF FATHE	R //	101	7/	(Secondary)		
10.	NAME OF TAILE	Hloy	d ( layton	Garnel			yrsmos
8	DIDENTING AGE OF	EATHER (a)	town)	<i>//</i>	if not at pla	disease contracted ace of death?	
Z 11.	BIRTHPLACE OF State or Country	)			Did an operation	precede death?	Date of
PARENTS 12.	2447277	E MOTUED	- ( D	1 April	. // 4	itopey ?	) ,
12.	MAIDEN NAME O	MOTHER	na I la	e greenge	What test confi	rmed tijagyteets	busau
18.	BIRTHPLACE OF	MOTHER (city	or town)		(Signed) _	ser lan	
	(State or County)	A					
14.		and Ola	wton Va	rnell -	19. Place of Bu	rial, Cremation, or Remo	
II tuto	rmant () / (0)	100			okis	Ver	e/eb:10
(Ad				7	20. Undertaker		Address
(Ad	Feb. 9	211	110 11 3	May M.D.	20. Undertaker	0	1000

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH(the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidmic cerebrospinal meningitis"); Diptheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia"); Lobar Pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia." "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion." "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

PLACE OF BIRTH STATE OF HEARO County of Twinf DEPARTMENT OF PUBLISH WELFARE BURBAU OF VITAL STATERIOS City of ... mw + Tr Fara CERTIFICATE OF BIRTH Co. Gen. Hospital. .....State Tile No...... Registration District No. (If born in hospital or institu-Prim. Registration District No. 2085 Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD Darling Landrie 7. Legiti-[f plural 8. Date & 3. Sex births Female 5. Number, in order of birth..... Full termy 2.5 metery 2.5 9. Full FATHER 18. Full MOTHER name maiden Laura Alice Lucero John Lawis Landrie name 19. Residence (usual place of abode) Shoshed 10. Residence (usual place of abode) (If non-resident, give place and State Ontalia. 20. Color or races...wh il the Age at last birthday. 36. (years 11. Color or race...如九 j t @2. Age at last birthday.......(years) 13. Birthplace (city or place) GreatFalls, Montant 22. Birthplace (city or place) Lawistown Montant (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, of work done, as housekeeper. typist, nurse, clerk, etc. Housewife. sawyer, bookkeeper, etc 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home. Sisters Ho. lawyer's office, silk mill, etc. ..... 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year)
last engaged in this work 17. Total time (years) spent in this work II yre At present 19..... in this work....I4 .... 27. What prophylactic was used to prevent Ophthalmia Neonatorum Silvar nitrate 19. 28. Number of children of this mother (At time of this birth and including this child) period of gestation 10 mol or weeks 30. Cause of stillbirth 1 & PH > Before labor..... 29. If stillborn. During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 7 The on the date above stated. I hereby certify that I attended the birth of this child, who was ... [5.1.1] When there was no attending physician / or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... Registrar.

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plant parties and beautiful to the control of the c The state of the s And the second is the second specific. The second secon A STATE OF THE STA Fig. 1 can see the control to the see that see the control to the control of the And the second of the second o The second of th The state of the s Dies the property of the party of the party

PHYSICIANS should state encon. STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE PLACE OF DEATH BUREAU OF VITAL STATISTICS County of Twin Falls CERTIFICATE OF DEATH City of Twin Falls Registration District No. 37 Primary Registration District No. 2085 Local Registrar's No..... (No. Twin Falls County Hostital)
(If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME Darline Landrie Residence. No. Shoshone (Usual place of abode)
Length of residence in city or town where death occurred. (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3.SEX 5. Single, Married, Widowed, or Divorced (write the word) 4. COLOR OR RACE 21. DATE OF DEATH (month day, and year) Feb 9 BINDING Female White I HEREBY CERTIFY, That I attended deceased from...... 5a. If maried, widowed, or divorced HUSBAND of I last saw her alive on...... (or) WIFE of to have occurred on the date stated above, at 7:30a m. 6. DATE OF BIRTH (month, day, and year) Feb 9 1934 The principal cause of death and related causes of importance were as follows: 7. AGE If LESS than Years Months Days Date of onser 1 day,.....hrs. at min. Strangulation, cord around 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc..... the neck birth. 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... Other contributory causes of importance: 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and occupation..... vear) 10 months gestation. Twin Falls Idaho 12. BIRTHPLACE (city or town) (State or country) FATHER none Louie Landrie 13. NAME Name of operation..... What test confirmed diagnosis? clinical was there an autopsy? important. 14. BIRTHPLACE (city or town) Montana (State or country) 23. If death was due to exter leauses (violence) all in also the following: MOTHER Accident, suicide, or homicide? ________ Date of injury _______, 193 15. MAIDEN NAME Laura Tucero none Where did injury occur? 16. BIRTHPLACE (city or town)..... (Specify city or town county, and State) (State or country) Montana Specify whether injury occurred in industry in home, or in public Ida Garland Shoshone none 17. INFORMENT Idaho (Address) OF. Manner of injury NONE 18. BURIAL, CREMATION, OR REMOVAL Place....TWIN Falls Nature of injury none CAUSE Date Feb 12 , 193 4 24. Was disease or injury in any way related to occupation of deceased? Phillips 19. UNDERTAKER S C no If so, specify. (Address) Twin Falls. Twin Falls, Idaho. (Address)

RESERVED

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
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Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	\$ days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF BE STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of. BURBAU OF VITAL STATISTICS Borse City of CERTIFICATE OF REAC No. Registration District State File No. Brim. Registration District Nd 004 tion give name. Local Registrar's No. in o 2. FULL NAME OF CHILD S. B. If plural 7. Legiti-8. Date of 3. Sex births 5. Number, in order of birth.... RECORD. Full term met 9. Full FATHER 18. Full TOTHOR name maiden Ruce name Trand rew 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) ..... (If non-resident, give place and State)..... Color or received 12. Age at last birthday 2 (years 20. Color or race Marie 21. Age at last birthday 2 Liyears 13. Birthplace (city or place) Not give io 22. Birthplace (city or place). Flight (State or country) (State or country) each 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done as spinner. of work done as houselessed. sawyer, bookkeeper etc A ATI 15. Industry or business in which 24. Industry or business in which made work was done, as silk mill, work was done, as own home, sawmill, bank, etc.... lawyer's office, silk mill, etc. ይ 16. Date (month and year)
last engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work 26. Total time (years) spent must ...... 19...... in this work..... 27. What prophylectic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn. months Before labor..... 29. If stillborn. or weeks 30. Cause of stillbirth..... period of gestation..... During labor..... CERTIFICATE OF ATTENDING PHYSICIAN: I hereby certify that I attended the birth of this child, who was .... m. on the date above stated. When there was no attending physician / (Signed) ..... or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report. One Registrar. Registrar.



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snowa kent of	PLACE OF DEATH	••• STATE OF IDA DEPARTMENT OF PUBL BUREAU OF VITAL :	IC WELFARE DO NOT WR	ITE IN THIS SPACE
⊑ il	County of Boise	CERTIFICATE O	F DEATH   State File No.	88459
Exact state		Registration District No  Primary Registration District	t No. 1004 Local Registr	128 no
Eg ∥	(If death ogenred	(No. Salvation Al	ve its name instead of street and num	) aber) n n
	2. FULL NAME KONI	eth Lavon Pailey		700
oj.	(Usual place of abode)	where death occurred. yrs.		or town and state) gn barth? yrs. mos. ds.
cat	PERSONAL AND STATIS		MEDICAL CERTIFICAT	
rtif	3. SEX 4. Color or Rac	e 5. Single, Married, Widow- ed or Divorced (write the	21. DATE OF DEATH (month, day	and year) 4-24-193
ຍ	M. V.	word) S.	22. I HEREBY CERTIFY, That	
Ö	ba. If married, widowed, or div HUSBAND of	roreed	193, to 7	2.4, 193 <i>4</i>
acl	6. DATE OF BIRTH (month, de	ay, and year)	I last saw he alive on wat	death is said
ם	7. AGE Years Months	1934 Days   If LESS than	to have occurred on the date state. The principal cause of death and	ed above, atm. related causes of impor-
о Б	A A HATT I MOREIN	1 day, hrs.	tance were as follows:	Date of onset
3	8. Trade, profession, or parti	or min.	Still homes	
	kind of work done, as a sawyer, bookkeeper, etc	pinner.		
	9. Industry or business in w work was done, as silk m	rhich		
	10. Date deceased last work ed at this occupation (mo. and yr.)		Other contributory causes of imp	portance:
	12. BIRTHPLACE (city or tow (State or country)	Podgo Tdobo	High forceps are	man and a second
	E 18. NAME Harold	Tuce		
	5 14. BIRTHPLACE (city or t		Name of operation	
1	(State or country)	ssie Failey	23. If death was due to exter'l cau the following: Accident, suicide, or homicide?	ises (violence) fill in also
<b>!</b>	16. BIRTHPLACE (cliopd (State or country)	enn)Valley,Idaho.	Where did injury occur?	
ر ج ا	17. INFORMANT	Oreana, Idaho	Specify whether injury occurred in public place.	
77	18. BURIAL, CREMATION OR	REMOVAL	Manner of injury	
֡֝֝֝֝ <b>֚</b>		1 Date 4-25, 1934	Nature of injury24. Was disease or injury in any	way related to occupation
,	19. UNDERTAKER	Mobrathey Bolse	of deceased? If so, species	Will -
	20. FILED. 4-25., 198.4	W. N. Rhouls Registrar.	(Signed) (	, M. D.
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STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question S and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EXAMPLE I

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9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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		LAMII LL II	
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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	!
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MD Hab Registrar.

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DO NOT WRITE IN THIS SPACE PUBLIC WELFARE State File No..... Registration District No. Primary Registration District News Local Registrar's No. (If death occurred in a hounital) or institution, give its name instead of street and number. FULL NAME Residence. No. (If nonresident give city or town and state) (Usual place of abode) ds. How long in U.S., if of foreign birth? yrs. Length of residence in city or town where death occurred. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, or Divorced (write the word) 4. COLOR OR RACE 21. DATE OF DEATH (month day and year) 4 - 2 3.SEX BINDING I HEREBY CERTIFY. That I attended deceased from ..... 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of to have occurred on the date stated above, at lon-The principal cause of death and related causes of importance 6. DATE OF BIRTH (month, day, and year) Date of onset If LESS than 7. AGE Months Days Years 1 day,....brs min. RESERVED 8. Trade, profession, or particular sawyer, bookeeper, etc .... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... Other contributory causes of importance: 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and 12. BIRTHPLACE (city or town) 7 (State or country) FATHER Date of Name of operation..... 13. NAME 1 What test confirmed diagnosis? ...... Was there an autopsy?... 14. BIRTHPLACE (city or town) 23. If death was due to exter Icauses (violence) fill in also the following: (State or country) important. Accident, suicide, or homicide?... 15. MAIDEN NAME Where did injury occur?. (Specify city or town county, and State) 16. BIRTHPLACE (city or town) (State or country) Specify whether injury occurred in industry in home, or in public (Address) OF Manner of injury.... Nature of injury..... CAUSE 24. Was disease or injury in any way related to occupation of deceased? FION 19. UNDERTAKER (Address) Registrar.

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Other contributory causes of importance:  Gallstones	May 1, 1923	Other Contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE I	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

STATE OF IBAHO PARTMENT OF PUBLIC WELFARE County of BURBAU OF VITAL BYATLETICE PATTERTE OF BIRTH City of the State File No. Registration District No. (if born in hospital or institu-Print Registration District No. 2 19 O Local Registrar's No Za N. B.—In ca tion give name.) 2. FULL NAME OF CHILD .. 4. Twin, triplet, or other........... 6. Premature 2. 7. Legiti-8. Date of (f plura) 3. Sex birth. births 5. Number, in order of birth..... Full term. mate? RECORD. MOTHER 18. Full FATHER 9. Full maiden name name Genevieve Little (If non-resident, give place and State) 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) PERMANENT each, and the 20. Color or race While 21. Age at last birthday. 20 (years) 11. Color or race....... | 12. Age at last birthday 27. (years) 22. Birthplace (city or place) 13. Birthplace (city or place) Dennellan, Saus (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade. profession, or particular of work done, as housekeeper, Housewife kind of work done as spinner. sawyer, bookkeeper, etc Jorgana typist, nurse, clerk, etc. ..... S for 15. Industry or business in which 24. Industry or business in which work was done, as own home, a lawyer's office, silk mill, etc. Quen Lam made work was done, as silk mill hank etc. sawmill, bank, etc..... 25. Date (month and year) 26. Total time (years) spent last engaged in this work 16. Date (month and year) 8 last engaged in this work 17. Total time (years) spent must KK in this work. in this work 241. april 24 1938 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNFADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn. Before labor 3 days months 30. Cause of stillbirth..... 29. If stillborn, period of gestation 6/2 During labor.... CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE boand 2 Pm. on the date above stated. I hereby certify that I attended the birth of this child, who was the birth When there was no attending physician / (Signed) ..... or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report.... Address X chil Filed LADE 2 Registrar.

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	



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Ħ e	FOR RECEIVED AY 10	1934		a
Icat	CERTIFICATE OF DEATH State of Idaho			
ä	_	Registration District No.	Bur	cau of Vital Statistics
, O	County of Butti	Primary Registration Dis	trict No. 2/29 File N	0 0000
18E	City of March	(No,	St.) Regis	tered No
tate CAl ns on ba	If death occurs away from usual residence, give facts called for under special information.  2. FULL NAM	EStill firth (	ames Reidnoble.	If death occurred in a hospital, institution or camp, give its NAME instead of street and number.
ald s	PERSONAL AND STATISTICAL	(1	MEDICAL CERTIFICATE	OF DEATH
RD nate	3. SEX 4. COLOR OR RACE 5. SIN			506
S S S		WED OR DIVORCED	16. DATE OF DEATH	200
CIA	M White	(Write the word.)	Que l	7
INT IYSI rtant	6. DATE OF BIRTH		(Month)	(Day) (Year)
N A C	abail	2 024		
EW.	(Month)	(Day) (Year)	17. I HEREBY CERTIFY, That I	attended deceased from
E C E	g A CITO	IF LESS than 1 day	19 39 10 St	19 54
A EXA	7. AGE Still hith	how manyhrs.	that I last saw han asse on	42. 3 19 34
IS ted I	YrsMosds.	ormin.?	and that death occurred on the date st	ated shove at // A M
IS Itat	8, OCCUPATION		The CAUSE OF DEATH* was as follow	• '
THE SOL				
1 48	(a) Trade, profession or particular kind of work	,	5) Comoth	
S P N	(b) General nature of in- dustry, business or estab-		Prematery Morth	
E HE	lishment in which employ- ed (or employer)		pematur	11101.000
UNFADIN ppHed. AC	9. BIRTHPLACE		(Duration)Yr	sds.
FA) ed.	(State or Country) Mobil		Contributory	
E SH			(Secondary)	
H EX	10. NAME OF FATHER		(Dyration)yr	mos,ds,
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r. T	11. BIRTHPLACÉ OF FATHER		(Signed)	
AINLY be ca	74. 4. 4		19 79 (Address) 2	co waa.
T P	(State or Country)	·	*State the Disease Causing Death; or in deat	ns from Violent Causes, state
P P	12. MAIDEN NAME OF MOTHER		(1) Means of Injury; and (2) whether Accident	tal, Suicidal or Hemicidal.
T a c	alice New	nocas	18. LENGTH OF RESIDENCE (For	Hospitals, Institutions,
W E	13. BIRTHPLACE OF MOTHER	J	Transients or Recent Residents.)	
may	(State or Country) WWY	utal.	At place In the of death yrs. mos. days. Stat	yrsmosdays
f inf	14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted if not at place of death?	
10 E	(Informant)		Former or usual residence	
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very			19. PLACE OF BURIAL OR REMOVA	[ .
) ii	15.	and do to	moore-	afery 1934
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z s	SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088	/ INOMI INSIBILAT	none	

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 urs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile,"
etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUER-PERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train -accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis. tetanus) may be stated under the head of "Contributory."

1. PLACE OF BERTH	STATE OF IDAHO
County of Caster	DEPARTMENT OF PUBLIC WELFARE
City of	BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 220952
City of	CERTIFICATE OF BIRTH
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Registration Dis	
(If born in bospital or institution Prim. Registration	on District No. 2153 Local Registrar's No. 402
g give name.)	· · · · · · · · · · · · · · · · · · ·
give name.)  2. FULL NAME OF CHILD.  La for	nt Adams
4	emature 455 7 Legith 8. Date of 5/
3. Sex / If plural 4. Twin, triplet, or other 6. Pre	/   -
buths 5. Number, in order of birth Fu	18. Full MOTHER (MONTH, DAY, YEAR)
9. Full (FATHER 15 0/a/24 154	maiden / / /
HENRY Coleman - mother)	name Agnes Waneta Adams
3. Sex   If plural births   4. Twin, triplet, or other   6. Problem   5. Number, in order of birth   Fu   9. Full   FATHER   15 0 / 4/20   10. Residence (usual place of abode) (If non-resident, give place and State)   Mackay   Jako   11. Color or race   MA   12. Age at last birthday   (years)   13. Birthplace (city or place)	19. Residence (usual place of abode) [15.12. Idahe]
(if non-readent, give place and State) 222223223	
11. Color or race_12. Age at last birthday,(years)	
13. Birthplace (city or place)	22. Birthplace (city or place) Taylors Ville, Idaha (State or country)
(Staté or country) 14. Trade, profession, or particular	23. Trade, profession, or particular kind
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sawyer, bookkeeper, etc	typist, nurse, clerk, etc
work was done, as silk mill,	work was done, as own home,
의 도	lawyer's office, silk mill, etc
sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years)	
spent in this work	o 4/27 1934 spent in this work
27. Number of children of this mother	
(At time of this birth and including this child) (a) Born alive and not	w living (-(b) Born alive but now dead (-(c) Stillborn 1
28. If stillborn, period of gestation 2/2 or weeks 29. Cause of stillbirt	h Unt Know Before labor 425  During labor 425
period of gestation 1/2 or weeks 29. Cause of stillbirt	n During labor 723
16. Date (month and year) last engaged in this work spent in this work spent in this work.  27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now period of gestation.  28. If stillborn, months period of gestation.  29. Cause of stillbirth control of this child who had be high of this child who are the child who had be high of this child who are the child who had be high of this child who are the child w	G PHYSICIAN OR MADWIFE
I hereby certify that I attended the birth of this child, who	was 5/1/6070 at 4:10 a m. on the date above stated. (BORN ALIVE OB TILLBORN)
[ ] A MEN COLO MAN IN CONTRACT IN THE PROPERTY I	(BORN ALIVE OBSTILLBORN)
	Igned) J. P. Michaede , M. D.
	Mackay Midwife
로// a. a1a-1	dress
File	May 7 , 1934 for Mowack
Registrar.	Registrar.
Н	

THE RESIDENCE

Every item of

STATE OF II	DAHO
PLACE OF DEATH DEPARTMENT OF PU	BLIC WELFARE DO NOT WRITE IN THIS SPACE
County of A A A A BOOM OF VITAL	
CERTIFICATE O	State File No.
City of 27//2 Registration District No	
Primary Registration Distr	rict No. 2 15 3 Local Registrar's No. 10
(No	
(If death occurred in a hospital or institution	, give its name instead of street and number.)
2. FULL NAME Infant Adams	200
(a) Residence. No(Usual place of abode)	St
Length of residence in city or town where death occurred. yrs. mos.	(if nonresident give city or town and state) . ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	21. DATE OF DEATH (month day, and year) 193
or Divorced (write the word)    Jing/12	22. I HEREBY CERTIFY, That I attended deceased from
5a. If maried, widowed, or divorced HUSBAND of	5/1/34 , 193 , to 5/1/34 , 193
HUSBAND of (or) WIFE of	I last saw halive on, 193; death is said
57.10.	to have occurred on the date stated above, at
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	The principal cause of death and related causes of importance were as follows:
1 day, hrs.	Were as 10110Ws: Port Anow Date of onse
or no min.	Stillborn-
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.	- Lligitement -
Rind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at 11. Total time (years)	/
work was done, as silk mill, saw mill, bank etc.	
10. Date deceased last worked at 11. Total time (years)	Other contributory causes of importance:
Total time (years)   10. Date deceased last worked at this occupation (month and year)   11. Total time (years)   12. Total time (years)   13. Total time (years)   14. Total time (years)   15. T	
	The same and the s
12. BIRTHPLACE (city or town) LES/12, Idaho (State or country)	
13. NAME Hinry Coleman - Claimed by mother	Name of operation
13. NAME // 1974 Coleman - Claimed by mother  14. BIRTHPLACE (city or town)	What test confirmed diagnosis?Was there an autopsy?
(State or country)	23. If death was due to exter causes (violence) fill in also the following:
15. MAIDEN NAME Agnes Wanety Adams	Accident, suicide, or homicide? Date of injury, 193
16. BIRTHPLACE (city or town) Taylors ville	Where did injury occur?
(State or country) Idaho	Specify whether injury occurred in industry in home, or in public
17. INFORMENT AGRES Wanth Adams	place.
(Address) Las //2, Idaho	Manner of injury
18. BURIAL, CREMATION, OR REMOVAL Place	Nature of injury
19. UNDERTAKER RELATIVES	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
my 7 1004 Km o Moural	(Signed) F. Milhards , M. D.
20. FILEDY CO., 1937 No.	(Address) Mackey Idaho

بديوب

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	!!	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

than stod	294-108027-619 1. PLACE OF ENTRY County of	STATE OF IDAHO DEPARTMENT OF PUBLIC WILLPARE
ore st	City of	BURBAU OF VITAL BEATISTICS
f mor	No	CERTIFICATE OF EIRTH 221093
90	(If born in hospital or institu-	District No. State File No.
n cas orde	tion give name.) Prim. Registr	ration District NoLocal Registrar's No
취하	2. FULL NAME OF CHILD	
N. B.	8. Sex   If plural   4. Twin, triplet, or other	birth Max X 1986
6. g	9. Full PATHER	
RECORD.	name Elmer & Bruner	18. Full MOTHER maider Dorothey & Ward
VT R	10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual piace of abode) (If non-resident, give place and State)
A P	11. Color or race	
PERMANENT each, and the	13. Birthplace (city or place)	22. Birthplace (city or place) XXCLO (State or country)
S A PEI for each	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc
HIS IS made	sawyer, bookkeeper, etc	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
INK—TE	- Itali outballog in carra moral	25. Date (month and year) last engaged in this work
T B	27. What prophylactic was used to prevent Ophthalmia N	Jenetowym?
FADING Betarn	28. Number of children of this mother 9 (At time of this bir	th and including this child) w living(b) Born alive but now dead(c) Stillborn
E S	29. If stillborn, months or weeks 30. Cause of sti	llbirth Before labor
WITH Sepa		NG PHYSICIAN OR MIDWIFE
_	I hereby certify that I attended the birth of this child	, who was Stillborn at A. m. on the date above stated.
LAINLY at birth		Signed) Zelle, M. D.
	J	ddress Luome Salue
WRITE POR Child		Hed 3/16, 1984 Place & Fellow
WR	Registrar.	Jule Ginderar.

THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TWO IS NAMED IN C The true of the second of the distributed the service of freeze and service of modernic of MOTHER (apade to water feets) wanted the the state of the light the sale will be being the trib terail the water with the property of The second secon AND THE PERSON NAMED IN The same of the same of the same of the second of th Allege a diff. (and): the landing of Bostowes In which deline of to maintain to william work who do not have the distance of the selection with TRANSPORT in the state state sears Print beautiful and rest Established in the Appending the THE CHARLES IN THE WARM TO THE CHARLES CHARLES AND ADDRESS OF the project with healt of return from hands to do the same and the property of the same and to the train of the order and the contract of to Tourn street and the man the tour part of the part of the property of the part of the p Sector of Market The fare and Course of stillulesh CHARLES OF TATABLE OF THE CHARLES AND THE CHARLES with supplied to to the supplied of respectively. I designed by the could be a second AMBURIA SELECTION OF THE PROPERTY AND ASSESSED. matrial dies the failer, marsenorse the should bear this related. more than beautien is

STATE OF IDAHO OCCUP. DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE PLACE OF DEATH BUREAU OF VITAL STATISTICS County of .... CERTIFICATE OF DEATH State File No..... Primary Registration District No..... Local Registrar's No. PHYSICIAN PERMANENT RECORD. Unnamed FULL NAME (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. Length of residence in city or town where death occurred. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, 21. DATE OF DEATH (month day, and year) Max or Divorced (write the word) I HEREBY CERTIFY, That I attended deceased from 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of importance If LESS than 1 day, hrs. 7. AGE Years Months Days Date of onset min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc..... OCCUPATION 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... Ē causes of importance: 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and MARGIN year) .... 12. BIRTHPLACE (city or town) (State or country) rualslo FATHER 13. NAME Name of operation..... Date of..... See plain What test confirmed diagnosis? ...... Was there an autopsy?...... 14. BIRTHPLACE (city or town (State or country) 23. If death was due to exter leauses (violence) fill in also the following: ij MOTHER Accident, suicide, or homicide? Date of Injury 193 15. MAIDEN NAME DEATH Where did injury occur?. 16. BIRTHPLACE (city or town) (Specify city or town county, and State) (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT place. (Address) OF Manner of injury Nature of injury CAUSE TION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER. (Address) ..... If so, specify (Signed)..... Registrar. (Address)

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STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

STATE OF IDAHO must be mad DEPARTMENT OF PUBLIC WELFARE County BUREAU OF VITAL STATISTICS 221141 CERTIFICATE OF BIRTH No. ____St RETURN th stated. (If born in hospital or institution give Prim. Registration District No. 10.50 Local Registrar's No. 213 name.) FULL NAME OF CHILD. (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Legiti-Sex of . Triplet in order birth .... of birth mate? or other? Child (To be answered only in event of plural births) What prophylactic was used to prevent Ophthalmia Neonatorum? THIS SEP Number of child of this mother, including t ent birth (a) Born alive and now living. Born alive but now dead Stillborn MOTHER FULL MAIDEN FIII.I. NAME Residence Residence (Usual place of abode (Usual place of abode than one child nd the number If non-resident. If non-resident. give place and State give place and State Color or race ge at last birthday Age at last birthday Color or race. Birthplace. Birthplace (City and State or County) City and State or County) WITH and Occupation..... Occupation. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* PLAINLY I hereby certify that I attended the birth of this child, who was Stillborn case of for on the date above stated. (Signature)...... (*Where there was no attending physician or mid-) WRITE wife, then the father, householder, etc., should make this return. A stillborn child is one that (Physician or midwife) neither breathes nor shows other evidence of life after birth.

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE should ŏ BUREAU OF VITAL STATISTICS County of CERTIFICATE OF DEATH State File No..... City of Registration District No..... Local Registrar's No. 187 Primary Registration District No. 10.50. RECORD. (No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME..... ds. How long in U. S., if of foreign birth? yrs. mos. ds. Length of residence in city or town where death occurred. yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, 21. DATE OF DEATH (month day, and year) or Divorced (write the word) I HEREBY CERTIFY, That I attended deceased from 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of to have occurred on the date stated above, 6. DATE OF BIRTH (month, day, and year principal cause of death and related causes of importance 7. AGE Years If LESS than Months Days Date of onset 1 day, ..... hrs. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... Other contributory causes of importance: 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and 12. BIRTHPLACE (city or town) (State or country) Name of operation.. What test confirmed diagnosis? 14. BIRTHPLACE (city or town Was there an autopsy? (State or country) 23. If death was due to exter leauses (violence) all in also the following: 15. MAIDEN NAME Where did injury occur?.. 16. BIRTHPLACE (city or town) (Specify city or town county, and State) DEA (State or country Specify whether injury occurred in industry in home, or in public (Address) 0F Manner of injury..... 18. BURIAL, Nature of injury..... CAUSE 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKE (Address) ..... If so, specify (Signed)..... (Address)

#### TATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

D

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:		
Gallstones	May 1, 1923	Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	1	

RECEIVED WAY 10 1934 PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Latah BUREAU OF VITAL STATISTICS of more stated. City of near Garfield, Wash. CERTIFICATE OF BIRTH = 1 221163 Registration District No.... State File No. 257/02029 643 Prim. Registration District No. 2145 (If born in hospital or institution Local Registrar's No. give name.) B. B. FULL NAME OF CHILD Ernest Beplate A PERMANENT RECORD. each, and the number of each, 6. Premature_207. Legiti-8. Date of 4 Twin. If plurai 3. Sex May 2 1934 birth__ **yes** births 5. Number, in order of birth 2nd Full term yes mate?__ (MONTH, DAY, YEAR) MOTHER 18. Full FATHER 9. Pull maiden name Addie Fuller name Hans Beplate 19. Residence (usual place of abode) Idaho near 10. Residence (usual place of abode) (If non-resident, give place and State) Idaho near Garfield non-resident, give place and State) Garfield Wa 20. Color or race_W____21. Age at last birthday_42 (years) 11. Color or race_____ 12. Age at last birthday_39___ (years) 22. Birthplace (city or place) Missouri 13. Birthplace (city or place) Germany (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular S P kind of work done, as spinner, NOL OCCUPATION Laborer THIS sawver, bookkeeper, etc. 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill Potlatch Forests, Own home lawyer's office, silk mill, etc._ WITH UNFADING INK—a SEPARATE RETURN must be sawmill, bank, etc. ___ 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last engaged in this work 26. Total time (years) 1 6 engaged in this work spent in this work spent in this work 16 May 5 1934 May 5 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn ..... 27. Number of children of this mother Refore labor_YCS___ 29. Cause of stillbirth W.C. Known . months 28. If stillborn. period of gestation____ During labor_____ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Still- bound to be m. on the date above stated. (Signed) Jean Mennyage F. G. Gibson When there was no attending physician ) or midwife, then the father, householder, etc., should make this return. Give name added from Address Potlately a supplemental report_____ (DATE OF) may 8 = , 1934 To gr. Thompson Registrar.

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IVED AY 101	004	STATE OF II	OAHO			
VED AY 101	DEPARTME		BLIC WELFARE	DO NOT WRITE II	N THIS SPACE	
County of Latah	BUREA	BUREAU OF VITAL S		<b>S</b>	88733	
-moor Carfie	-noon Confiold Took CERTIFICATE C			State File No	70 100	
City of real real	Registration	District No	65			
	Primary Registration Distri		ict No. 2/45	Local Registrar's	No	
470	(Nodeath occurred in a hosp	ia-1 institution	when the name testand	)	- 01	
l}	rnest Beplate				206	
(a) Residence. No (Usual place of a Length of residence in city or	abode) town where death occurr		(	(If nonresident give city or . S., if of foreign birth?	r town and state) yrs. mos. ds.	
PERSONAL AND	STATISTICAL PARTICU	JLARS	MEDICAL CERTIFICATE OF DEATH			
3.SEX 4. COLOR		arried, Widowed, (write the word)	21. DATE OF DEATH (month day, and year) Zna 27 193 4			
M W	or Divorced	(write the word)	22. I HEREBY CERTIFY, That I attended decembed from			
5a. If maried, widowed, or o	5a. If maried, widowed, or divorced HUSBAND of		, 193 , to, 193			
(or) WIFE of	· · · · · · · · · · · · · · · · · · ·	····	I last saw halive on, 193: death is said			
6. DATE OF BIRTH (month	day, and year)	fay 2, 1934		the date stated above, at. of death and related caus		
	Months Days	If LESS than	were as follows:	or wouth and related can	Date of onse	
		1 day, hrs.	CT 60	- born		
8. Trade, profession, or particular		Sun	_0000			
Sawyer, bookeeper, 9. Industry or business work was done, as a saw mill, bank etc  10. Date deceased last work	in which					
10. Date deceased last we this occupation (more year)	orked at 11. Total time	ted at 11. Total time (years) and spent in this		Other contributory causes of importance:		
12. BIRTHPLACE (city or (State or country)	town) Idaho, nes	ar Garfield Wash				
13. NAME Hans E	Hans Eeplate		Name of operation			
13. NAME Hans E  14. BIRTHPLACE (city  (State or country)	14. BIRTHPLACE (city or town) Germany		What test confirmed diagnosis?			
(State of country	)		23. If death was due to	exter'icauses (violence)fill	in also the following:	
15. MAIDEN NAME A	5 15. MAIDEN NAME Addie Fuller		Accident, suicide, or homicide? Date of injury, 193.			
16. BIRTHPLACE (city or town) Missouri (State or country)		Where did injury occur?				
17. INFORMENT Parents		11	ary occurred in industry.			
(Address)			11 -			
18. BURIAL, CREMATION, OR REMOVAL Place Freen, Cometer, Date May 3-, 1934		1				
19. UNDERTAKER		1	24. Was disease or inj	ury in any way related to oc	cupation of deceased?	
(Address) Jarenes		If so, specify	# C E ! _			
20. FILED May 8 -	193 4 2 pm. Tho	empsoz		F. C. Gibwn. Rollatch	, м. D	
		Registrar.	(Address)	Un Clarce		

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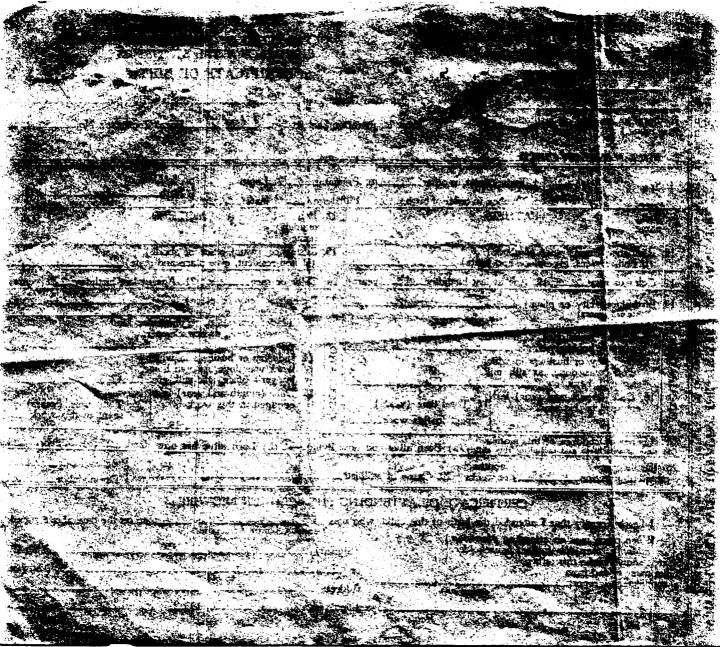
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STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other Contributory Causes of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		

N. B.—In case of more than in order of birth stated.	1. PART OF 10235 - 386  1. PART OF 1024 STATE OF 10240  County of St. DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS  City of St. CERTIFICATE OF BIRTH 221224  No. St. Registration District No. 63 State File No.  (If born in hospital or institution give name.)  Prim. Registration District No. 2/42 Local Registrar's No.
WITH UNFADING INK—THIS IS A PERMANENT RECORD. N a Separate Return must be made for each, and the number of each, in	3. Sex   It plural   4. Twin, triplet, or other   6. Premature   7. Legiti   8. Date of birth   5. Number, in order of birth   Full term   10. Residence (sisual place of abode)   11. Color or race   12. Age at last birthday   3. (years)   13. Birthplace (city or place)   14. Trade, pentession, or particular kind of work done, as spinner;   14. Trade, pentession, or particular kind of work done, as spinner;   15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.   15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.   16. Date (month and year) last engaged in this work   17. Total time (years)   17. Total time (years)   18. Hall   MOTHER   MOTHER
I UNFA	28. If stillborn, period of gestation
WRITE PLAINLY WITH one child at birth, a SEP	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  I hereby certify that I attended the birth of this child, who was allowed at a live on still own.  (When there was no attending physician or midwife, then the father, householder, etc., should make this return.  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (DATE OF)  Address  Registrar.  Registrar.



REAR	• • • • • • • • • • • • • • • • • •	BLIC WELFARE DO NOT WRITE IN THIS SPACE
ould occu	County of Me County of Me CERTIFICATE O	
Ever NS sh nt of (	City of Registration District No Primary Registration District	63
T RECORD. PHYSICIAL Exact statemen	(No	give its name instead of street and number.}  St.  (If nonresident give city or town and state)
LLY.	. PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RMAN XACT	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) 2 1934 22. I HEREBY CERTIFY, That I attended deceased from
A PEG ted E	ha. If maried, widowed, or divorced HUSBAND of (or) WIFE of	I last saw halive on
HIS IS All be stailed be proper	6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than 1 day, hrs. or 0 min.	to have occurred on the date stated above, at
INKT. GB shou it may back of	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank etc.	The state of the s
LDING Stied. A so that otion on	saw mill, bank etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	Other contributory causes of importance:
UNFA eupp erms, netru	12. BIRTHPLACE (city or town) Merchants (State or country)	
ITH refully plain t	13. NAME Augus Wellen 14. BIRTHPLACE (city or town) Editle Rooth (State or country)	Name of operation
Y, W be can H in 1	15. MAIDEN NAME Gettle Glob Thomas 16. BIRTHPLACE (city or town)	23. If death was due to exter causes (violence) fill in also the following:  Accident, suicide, or homicide?
LAINI should DBAT	16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? (Specify city or town county, and State)  Specify whether injury occurred in industry in home, or in public
E PL.	17. INFORMENT (Address)  18. BURIAL, CREMATION, OR REMOVAL	place.  Manner of injury.
F B B B	Place Date Date 19. UNDERTAKER	Nature of injury  24. Was disease or injury in any way related to occupation of deceased?
B.—WR inform CAUS TION	(Address)  20. FILED RM 3 193 4 B Will ST	(Signed) J. D.
Ż	Registrar.	(Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

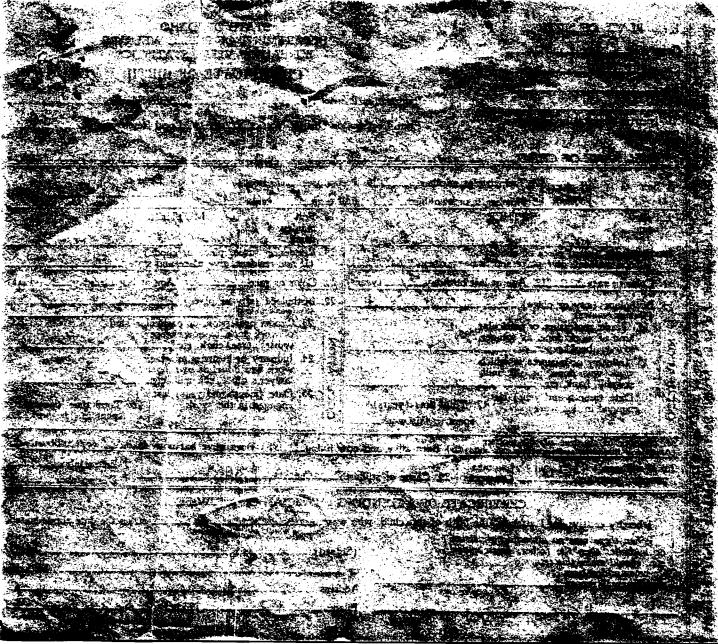
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Gallstones	May 1, 1923	Gastroenteritis	1 year		
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN			
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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS City of____ CERTIFICATE OF BIRTH Registration District No... State File No.____ 2064 (If born in hospital or institution Prim. Registration District No._ _Local Registrar's No. give name.) 2. FULL NAME OF CHILD A PERMANENT RECORD each, and the number of each, If plural 4. Twin, triplet, or other_____6. Premature____7. Legiti-8. Date p 3. Sex births Full term____ 5. Number, in order of birth____ mate?. (MONTH, DAY, YEAR) 9. Full 18. Full MOTHER maiden name name 19. Residence (usual place of abode)
(If non-resident, give place and state) 10. Residence (usual place of abode) (If non-resident, give place and State) 11. Color or race_MA_ 12. Age at last birthday 20. Color or race 21 Age at last bitthday 28 (years) 22. Birthplace (city or place) TOTOLLIA D. 13. Birthplace (city or place) (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular ខ្ម of work done, as housekeeper. kind of work done, as spinner, OCCUPATION CCUPATION typist, nurse, clerk, etc_____ sawyer, bookkeeper, etc. _____ 15. Industry or business in which 24. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc .__ sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) RETURN must 25. Date (month and year) last engaged in this work 26. Total time (years) __spent in this work____ spent in this work... 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2. (b) Born alive but now dead 2. (c) Stillborn Before labor 90 months 28. If stillborn. Lor weeks | 29. Cause of stillbirth period of gestation___ During labor CERTIFICATE OF ATTENDING PHYLICIAM I hereby certify that I attended the birth of this child, who was Pm. on the date above stated. When there was no attending physician ) or midwife, then the father, householder, . M. D. (Signed) etc., should make this return. Give name added from Midwife a supplemental report_____ Address (DATE OF) Registrar. Registrar.



STATE OF IDAHO

Registrar.

oţ

DO NOT WRITE IN THIS SPACE

State File No.

Local Registrar's No

Elkhorn Route

I HEREBY CERTIFY, That I attended deceased from ....., 193...., to......, 193....., 193..... I last saw h alive on ......, 193 : death is said to have occurred on the date stated above, at 1 m. 21 Pm.

Date of onset

Date of... 

Specify whether injury occurred in industry in home, or in public

24. Was disease or injury in any way related to occupation of deceased?

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	•••••••	· · · · · · · · · · · · · · · · · · ·	•	

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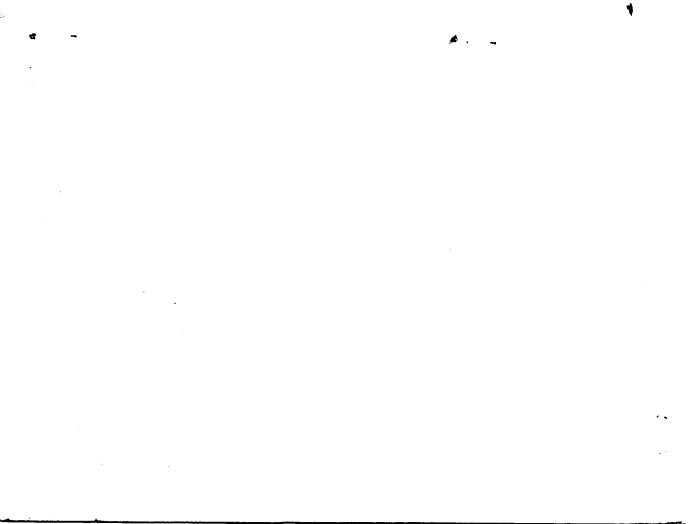
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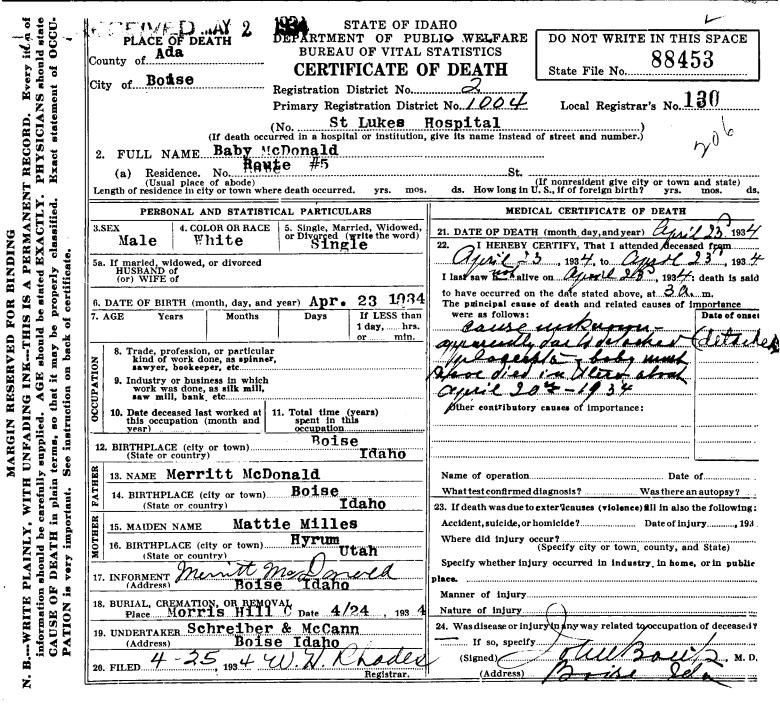
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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

INK—THIS IS A FERMANENT RECORD hirth a SEPARATE RETURN must be made each, in order of birth stated.	PLACE OF BIRTH  County of Adz  Boise  City of Box	Di	EPARTMENT O BUREAU OF V	OF IDAHO F PUBLIC WELFA //ITAL STATISTICS ATE OF BIRTH	- V
	No. R#5 St.		1		<b>(</b> '
	St. Lukes	Registration Distr	ict No. 2	State File No	)
TORN Tated.	(If born in hospital or institution give name.)  FULL NAME OF CHILD		District No. 0	24 Local Registr	rar's No. 21
		(22 502155522) 522	stitute the word "St	lilbirth" for name of child	)
A PE	Sex of Triplet a crother? (To be answered only		Legiti- mate?yes		(Day) (Year)
A P	What prophylactic was used to preve	nt Ophthalmia Ne	onatorum?A	gno3 1 %	***************************************
SE	Number of child of this mother, including pr	esent birth 7	(a) B	orn alive and now living	. 3
7 e.f.	Born alive but now dead4		Stillborn		
ink birth	FATHER FULL NAME Merritt W. McDons	.1.4	FULL MAIDEN NAME Mat	MOTHER tie Miles	
UNFADING n one child at l the number of	(Usual place of abode) Boise, R.	Residence (Usual place of abode)  If non-resident, give place and State			
A B B	give place and State	7.5	give place and Sta		
E a l	Color or race Age at las	st birthday 35 (Years)		• Age at	last birthday (Years)
H UNFADIN an one child the number	Birthplace Idaho (City and State or C	ounty)	BirthplaceU	Can City and State or Sewife	County)
E # E	Occupation Electrician		Occupation Hou	sewile	
PLAINLY WITH case of more than for each and th		E OF ATTENDIN	<i>J</i> s		% A
LAIN use 'of for	I hereby certify that I attended on the date above stated.			Stillborn Wat	M M
22	(amm) 13 (4 am 31 am 3 am 31 a	(	ature)	4.T 1	
WRITE I	*Where there was no attending physician o wife, then the father, householder, etc., make this return. A stillborn child is on	snould (		(Physician or e	oldwife)
W. B.	neither breathes nor shows other evidence after birth.	or me) Addre	ss Boise	, Idano	1) f
ż		Filed.	5-11 19	84 W. 7.	Registrar





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N.B.—In case of more than each, in order of birth stated. PLACE OF BEILT STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARD County of BUREAU OF VITAL STATISTICS City of ____ CERTIFICATE OF RIRTH No. Registration District No. State File (If born in hospital or institu-00 tion give name.) Prim. Registration District Mo. Local Registrar's No... IZAZ 2. FULL NAME OF CHILD If plural 4. Twin. triplet, or other.......... 6. Premature... 7. Legiti-8. Date of birthe 5. Number, in order of birth.... Full term. mete? RECORD. 70 9. Full FATHER 18. Full MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of chode) (If non-resident, give place and State) PERMANENT each, and the (If non-resident, give place and State). 11. Color or race. 40. | 12. Age at last birthday 42 (years) 20. Color or race. 10. | 21. Age at last birtillay 34. (years) 18. Birthplace (city or place). 22. Birthplace (city or place). (State or country) (State or country) 14. Trade, profession, or particular State Accel 23. Trade, profession, or particular kind of work done, as housekeeper, kind of work done, as spinner, OCCUPATION S A For OCCUPATION typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which made work was done, as silk mill, work was done, as own home. sawmill, bank, etc.... lawyer's office. silk mill, etc. 25. Date (month and year) 26. Total time (years) spent 2 16. Date (month and year) last engaged in this work 17. Total time (years) spent mast in this work / 3900 Man Stillengered) 1934 in this work. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING R Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living Q...(b) Born alive but now dead Q...(c) Stillborn ..... months Before labor..... 29. If stillborn. er wooks 80. Cause of stillbirth period of gestation. During labor Hear... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 3. 3. PM. on the date above stated. I hereby certify that I attended the birth of this child, who was...... al TE PLAINLY child at birth When there was no attending physician ! or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... Filed Registrar. The control of the same of the

Sale of the

PLACE OF DEATH County of Ada.	DEPARTMENT OF PUBLISHED CERTIFICATE O	LIC WELFARE STATISTICS	DO NOT WRITE IN 7	451
	Registration District No Primary Registration Distric	No. 1004	Local Registrar's No	113
(If death occurred) 2. FULL NAME Infant	(No. St. Lukes In a hospital or institution, given the Kerr.	ve its name instead o	of street and number)	200
			St	
PERSONAL AND STATIS		MEDICA	L CERTIFICATE OF DE	ATH
	ce 5. Single, Married, Widow.	21. DATE OF DEA	ATH (month, day and year	Apr.lus
Female White ed or Diversed Title the word)  5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY C	ERTIFY, That I attended	deceased from
	ay, and year)	I last saw hal	ive on, 193 on the date stated above,	.: death is sai
5. AGE Years Months Still Born.	Days If LESS than 1 day, hrs. or min.	tance were as f		Date of onse
8. Trade, profession, or part kind of work done, as a snwyer, bookkeeper, etc.	icular pinner,	Steel-	Bun	
kind of work done, as a snwyer, bookkeeper, etc. 9. Industry or business in work was done, as silk is saw mill, bank, etc 10. Date deceased last work ed at this occupation	nill, · · · · · · · · · · · · · · · · · · ·			
(mo. and yr.)	n spent in this occupation	Other contribute	ory causes of importance:	
(State or country)	vn) Boise, Idaho.			1
13. NAME William  14. BIRTHPLACE (city or (State or country)	town) Bryson	Name of operation	Course Seden	Date of 4-!!
<b>2</b>	N.C.	23. If death was o	due to exter'l causes (viole or homicide? Date	ence) fill in al
	Idaho.	7777 74 7 4-4	y occur?	
17. INFORMANT William (Address) Hurts 18. BURIAL, CREMATION OR	Apt.No-8.	public place		
Place. MorrisHi	11 Date A.pr. 131934	Nature of injury.	r injury in any way relat	
11-12/11	ners & Krebs.	of deceased?	of Specify.	
20. FILED.7//193.47.	Registrar.	(Address)	513 Eastman Bld	Born de

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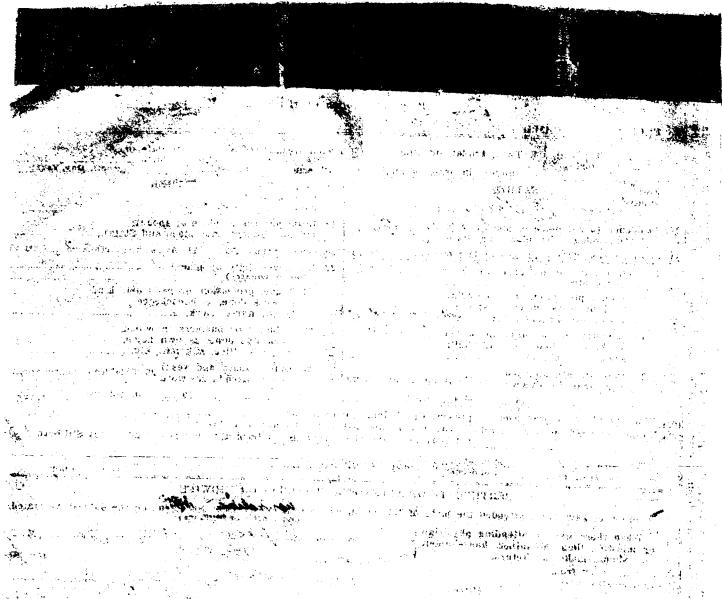
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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	
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est	LACE ON BIB	- 2 - 1	im. Registration	District No.	DO 24	wile to an	
2. FUI 3. Sex 9. Ful nan 10. Res	7. births	4. Twin, triplet, or of 5. Number, in order of FATHER  M. Sugmus	f birth Full	Full maiden was	mote from MOTHE	may Itar	Z met
(If	idence (usuai pl non-resident, g	ace of aboute) /90/ ve place and State)		(If non-resid	sual place of at ent, give place	and State)	nl_
11. Cok	or or race	12. Age at last birthda place) Luissid	y 2/ (years) 20.	Color or race.	city or place)	AT ISST OUTBOUND	Z.
UPATION	kind of work sawyer, book 15. Industry or work was d sawmill, ban	sion, or particular done, as spinner, keeper, etc discount business in which sone, as silk mill, k, etc.	E.R.G.	of work typist, no 24. Industry work wa lawyer's 25. Date (m	onth and year)	which home, , etc	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		n this work 17. Total time	rk	rorum?	19	in this work.	
27. W	mber of children	of this mother (At time (a) Born a	e of this birth and alive and now liv	including this	s child) rn alive but nov	dead(c) Stil	lborn
po   20. ⊺f	átiliborn, riod of gestation	) months or weeks 30. C	Cause of stillbirtl	1	***************************************	Before lab	
I I	when there was midwife, then c., should make	CERTIFICATE Of at I attended the birth of no attending physician the father, householder, this return.	this child, who	Was at Ally	R MIDWIFE  OF BUTTON  OF BUTTON	n, on the date about	)ve sta , M , <del>Mid</del>
e a sup	piemenuai report	(Date of)	Filed	~ - 4	1984	W. ZI. K	hod



STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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EXAMPLE I		
nte of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly 5, 1927	Peritonitis	3 days ago
May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
OR FURTH	IER STATEMENTS BY PHYSICIAN	
4	1915 1921 uly 5, 1927	causes of importance were as follows:  Attack of epilepsy Run over by street car  Peritonitis  Other CONTRIBUTORY CAUSES of importance:

133-221 001 839	And the second s
1. PLACE VEIN A IU.	DEPARTMENT OF PUBLIC WELFARE 4 4.4.0
County of	BURBAU OF VITAL STATISFICE & 1 238
No.2. St.	CERTIFICATE OF BIRTH
1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	District No. 2 State File No.
(If born in hospital or institu-	201
2. FULL NAME OF CHILD Sales me	stration District No
2. FULL NAME OF CHILD Sale	
findamed A Twin triplet or other	6. Premature
8. Sex + births ) - Number in order of hirth	Dirth 133
9. Full EATHER	18. Fell
name Thellam John McCoy	name Selen Gentrude Thits.
10. Residence (usual place of abode)	
1 To 1600160HOR (MOUNT Property	(If non-resident, give place and State)
11. Color or race 21.   12. Age at last birthday 22. (year	re     20 Color or rece   21 Are at lest directions a
(If non-resident, give place and State)  11. Color or race   12. Age at last birthday   (yea   13. Birthplace (city or place)	22. Birthplace (city or place) Affine (State or country)
14. Trade, profession, or particular kind of work done, as spinner,	90 Whate anderston on nextonian bind
A MINU OF MOIN GODO' OR ON AND AND AND AND AND AND AND AND AND AN	of work done, as housekeeper, James Keeper
sawyer, bookkeeper, etc	of work done, as housekeeper, typist, nurse, clerk, etc.  24. Industry or business in which
FIC   Work Was done, as slik mill,	
sawmill, bank, etc	lawyer's office, silk mill, etc.
sawmill, bank, etc	ent 25. Date (month and year) 26. Total time (years) sp
2 - 1	19 in this work
- les without prophylactic was used to prevent Chilliannia	Nametarum? Se liver litrate
27. What prophylactic was used to prevent 28. Number of children of this mother (At time of this beautiful and the control of the control of this beautiful and the control of the control	oirth and including this child)  now living
28. Number of children of this mother (At time of this beautiful (a) Born alive and i	Before labor
	stillbirth
period of gestation	
CERTIFICATE OF ATTENT	DING PHYS CLAN OR MICHAEL
29. If stillborn, period of gestation or weeks 30. Cause of s  CERTIFICATE OF ATTENT  I hereby certify that I attended the birth of this chi	lid, who was tillboard 1:20 m. on the date above sta
When there was no attending physician	Market V
之   ) or midwife, then the father, nousencides, (	(Signed)
etc., should make this return.  Give name added from	or Mid
Z I	Address 103 fc the stall
(Date of)	Filed 5 - 4 1984 W. W. Klod
Registrar.	
•	Filed.

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TOWED WAY &	1934		
PLACE OF DEATH	STATE OF IDDEPARTMENT OF PUB	LIC WELFARE	DO NOT WRITE IN THIS SPACE
ounty of Ada	BUREAU OF VITAL	STATISTICS	88454
ity of Boise.	CERTIFICATE (	OF DEATH	State File No.
	Registration District No	2	400
	Primary Registration Distric	et No. 1004	Local Registrar's No. 126
•	(No. St Lukes Ho	ospital.	_
(If death occurre	ed in a hospital or institution, g	ive its name instead	of street and number)
_	t Mc Coy.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(a) Residence. NoR. (Usual place of abode		/TA	.St
ength of residence in city or to	wn where death occurred. yrs.	(If nonre mos. ds. How long	sident give city or town and state) in U. S., if of foreign birth? yrs. mos. d
	ISTICAL PARTICULARS		AL CERTIFICATE OF DEATH
3. SEX 4. Color or R	ace 5. Single. Married, Widow. ed or Divorced (write the	21 DATE OF DE	ATH (month, day and year) 43/193
Female. White.	word)Single.	1	ERTIFY, That I attended deceased from
oa. If married, widowed, or d HUSBAND of	livorced	afizi	193 to
(or) WIFE of 5. DATE OF BIRTH (month,	day and year)	I last saw h	Matell Borns death is sa
April. 21.1		to have occurred	on the date stated above, at 2m.
. AGE Years Month		·	se of death and related causes of impo
	1 day, hrs		Comments of onse
8. Trade, profession, or par kind of work done, as		Spira	Difida-
9. Industry or business in			
work was done, as silk saw mill, bank, etc	mill,		
10. Date deceased last wor	k- 11. Total time (years)	•	
ed at this occupati (mo. and yr.)	on spent in this occupation	other contribut	ory on the of importance
12. BIRTHPLACE (city or to	own). Boise Idaho	- were	A San I I a Date
(State or country)		OF RA	garo equación
13. NAME William.	J. Mc Coy	Name of operation	n as Stated Date of 4/2
13. NAME William.  14. BIRTHPLACE (city or (State or country)	town)	1	ned diagnosis? Was there an autopsy?
		_	due to exter'l causes (violence) fill in al
15. MAIDEN NAME HOL	en wnitson.	the following:	or homicide? Date of injury, 19
16. BIRTHPLACE (city or (State or country)	town)	Where did injur	y occur?pecify city or town, county, and state)
17. INFORMANT . W.11118	m. J. Mc Cov.	l l	injury occurred in industry, in home, or
(Address) R.D. #	4. Boise, Idaho.	_ public place	
18. BURIAL, CREMATION O		Manner of injur	
MOPPES HILL CORE	etery. April.24, 193.	Nature of injury 24. Was disease	or injury in any way elated to occupati
	I daho.		Olt so specify
20. FILED # 2.4. 198.4.	W. W. Knodl	(Signed)	
ŧ ·	Registrar.	(Address)	)

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EARINI DD 1		, EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
_			-
Other CONTRIBUTORY CAUSES of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroențeritis	1 year
			_
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

County of	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE
City of Menlion P. St.	CERTIFICATE OF BIRTH 221518
(If born in hospital or institution give name.)  Registration Prim. Registration Re	on District No. // State File No. stration District No. 2/2 3 Local Registrar's No. // William State File No. // State File No. // Stration District No. 2/2 3 Local Registrar's No. // State File No. // Stration District No. 2/2 3 Local Registrar's No. // State File No. // State Fil
Sex of Child Terms (Triplet and In order of birth of the first of birth or other? (To be answered only in event of the first of the fir	Legiti- mate 7 birth 4/23, 1934
Number of child of this mother, including present birth	mia Neonatorum? Nov
FATHER, FULL William 9, Welling Residence	FULL MOTHER MAIDEN Mae /f annell Residence (Usual place of abode) Mendy
give place and State  Color or race White Age at last birthday  Birthplace Author County Chila (City and State or County)	give place and State  Color or race  Birthplace  Gity and State or County)
Occupation X about	ENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth on the date above stated.	
*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	Address Mens in Word Filed May 18. 19.34 Registrar.

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PLACE OF DEATH	STATE OF ID. DEPARTMENT OF PUBI BUREAU OF VITAL	LIC WELFARE STATISTICS	DO NOT WRITE IN T	
City of Meridian Ida	CERTIFICATE O	F DEATH	State File No. 88	449
	Registration District No	-/-/		
	Primary Registration Distric	t No. 2003	Local Registrar's No	<i>.</i>
(If death occurred	in a hospital or institution, gi	ve its name instead	of street and number)	1
2. FULL NAME STI	LL BORN		or ser ser and manner,	206
(a) Residence. No				<i>Y</i>
(Usual place of abode) Length of residence in city or town		/=-		nd state) yrs. mos. ds.
PERSONAL AND STATIST		MEDIC.	AL CERTIFICATE OF DEA	тн
3. SEX 4. Color or Rac	e 5. Single, Married, Widow- ed or Divorced (write the	21. DATE OF DE	ATH (month, day and year	2 3 193
Female White 5a. If married, widowed, or div	word) finn nii ii k k k	22, I HEREBY C	ERTIFY, That I attended	deceased from
HUSBAND of (or) WIFE of	orceu		., 193, to	, 193
6. DATE OF BIRTH (month, de	y, and year)		live on, 193	
i. AGE Years Months	Days If LESS than	II	on the date stated above, a	
	1 day, hrs.	tance were as	follows:	Date of onset
8. Trade, profession, or partic	inner	Papie ne ou	uting programmy	-
9. Industry or business in w		6 TO Wi	c Wephritis of	
work was done, as silk m saw mill, bank, etc	<b>iii.</b> · · · · · · · · · · · · · · · · · · ·	<b>1</b>		I I
2 10. Date deceased last work. ed at this occupation	spent in this		gnancy.)	
(mo. and yr.)	occupation	<u>-</u>	ory enuses of importance.	
12. BIRTHPLACE (city or tow (State or country)	n)MeridianIdaho	)		
E 13 NAME W4334 C	พราช ซึ่น		**********	.
13. NAME WILLIAM T		Name of operatio	n	Date of
14. BIRTHPLACE (city or t (State or country)	Oklahoma	What test confirm	ned diagnosis? Was ther	e an autopsy?.
15. MAIDEN NAME Mae  16. BIRTHPLACE (city or t  (State or country) m	Harwell	the following:	due to exter'l causes (viole or homicide? Date	
16. BIRTHPLACE (city or t (State or country)	own)ennessee		y occur? pecify city or town, county	
17. INFORMANT . W. T. W.11	les		injury occurred in industry	
(Address) Merid 18. BURIAL, CREMATION OR	ian R-F-D Idaho	H		
	Cemetary Apr 24.3	5 MZ	y	
19. UNDERTAKER W-S-Ma	taer	24. Was disease	or injury in any way relate	d to occupation
	dian Idaho	of deceased?	O If so, specify	
20. FILED Cifiail. 2.4 1934.		·	new us	MT

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Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

RECEIVED JUN /* STATE OF IDAHO DEPAI TMENT OF PUBLIC WELFARE County of Fort Hall Reservation. BURNAU OF VITAL STATISTICS City of Fort Hall. Idaho CERTIFICATE OF DESCRIPTION No Agency Hospital St. each, 121-R Registration District No. . State File No. .. (If born in hospital or institu-Prim. Registration District No. 2294-R Local Registrat's No. ğ tion give name.) Stillborn 2. FULL NAME OF CHILD Davis (No Name made 8. Date of May 8 7. Legiti-(f plural 3. Sex Female mete? Yes births þ Full term Yes 5. Number, in order of birth..... (Month, Day, Tea must MOTHER 9. Full FATHER 18. Full maiden Daisy Blackhawk name Abe Davis IIS IS A RETURN birth, state Ft.Hall Res 10. Residence (usual place of abode) Ft. Hall, Res. 19. Residence (usual place of abode) (If non-resident, give place and State)..... (If non-resident, give place and State)..... Shoshone 4/4 | 12. Age at last birthday 36 (years) 20. Color or race | 21. Age at last birthday 35 (years) 22. Birthplace (city or place) Ft. Hall Res. 13. Birthplace (city or place) Lemhi. Idaho SEPARATE in order of 1 (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, Housewife kind of work done, as spinner, Farmer CUPATION typist, nurse, clerk, etc. sawyer, bookkeeper, etc ..... 24. Industry or business in which Own home 15. Industry or business in which Own farm work was done, as silk mill. work was done, as own home. lawyer's office, silk mill, etc. sawmill, bank, etc..... birth, of eac 16. Date (month and year) last engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work Apr.30, 19 34 in this work 16 in this work... 17 child at number May 8 19 34 ohild 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother. (At time of this birth and including this child) II (a) Born alive and now liking 2....(b) Born alive but now dead 2...(c) Stillborn 7... one Inequality e Separation Before labor yes months or weeks 30. Cause of stillbirth 29. If stillborn. then During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE more I hereby certify that I attended the birth of this child, who we Stillborn at 5:4m. on the date above stated. ᇹ When there was no attending physician | Comment, M. D. (Signed) or midwife, then the father, householder, etc., should make this return. or Agency Physician. Midwife Give name added from Address Fort Hall, Idaho a supplemental report..... April 22, 1934 Registrar. ż

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mary line determined Compression of the party of the same of th

When the seas say after the per such and policy of the color benefit the state of the state of the state of

PLACE OF DEATH	STATE OF ID. DEPARTMENT OF PUB	LIC WELFARE	DO NOT WRITE IN	THIS SPACE
County of Fort Hall Reservation City of	CERTIFICATE C		State File No	38963
Fort Hall, Idaho Agency Hospital	Registration District NoI2 Primary Registration District (No	t No. A 2194-R	Local Registrar's No	.79
2. FULL NAME Davis.	urred in a hospital or institution (No name ) Stillb	on, give its name inst	tead of street and numb	216
(a) Residence. No. FOX (Usual place of abode) Length of residence in city or town	t Hall Reservation	(If nonres mos. ds. How long	Stsident give city or town in U.S., if of foreign bir	n and state) th? yrs. mos. ds
PERSONAL AND STATIS		MEDICA	AL CERTIFICATE OF 1	DEATH
3. SEX 4. Color or Rac Female Shoshone 4/	ed or Divorced (write the		ATH (month, day and y	
5a. If married, widowed, or div		22. I HEREBY CI	ERTIFY, That I attend	led deceased from
6. DATE OF BIRTH (month, de		<b>!</b>	live on	
7. AGE Years Months	Days If LESS than 1 day, a. hrs. or . a. mis.		se of death and related	
8. Trade, profession, or partic kind of work done, as ay sawyer, bookkeeper, etc  9. Industry or business in w work was done, as silk m snw mill, bank, etc  10. Date deceased last work, ed at this occupation (mo. and yr.)	hich III.  11. Total time (years) spent in this	p <b>lac</b> ent	seperation of	9/K - 3.
12. BIRTHPLACE (city or town (State or country)	Fort Hall Idaho			
13. NAME Abe Davis 14. BIRTHPLACE (city or to (State or country)	own) Lemhi, Idaho	1	ed diagnosis? Was t	
16. MAIDEN NAME Dais	y Blackhawk	the following:	iue to exter'l causes (vi or homicide? Dat	
16. BIRTHPLACE (city or t (State or country)	own) Fort Hall Res	Where did injury	occur?	
17. INFORMANTDaisy Da (Address)	yis	11	njury occurred in indus	
18. BURIAL, CREMATION OR Place State	REMOVAL May IO 193.4	Manner of injury Nature of injury.		
19. UNDERTAKER Agency.	Carpenter Viall, Tdaho	24. Was disease of deceased?	r injury in any way rel	ated to occupation
20. FILED April . 2498.4	mo Stalus & Tal	(Address)	Fort Hall, Ida	

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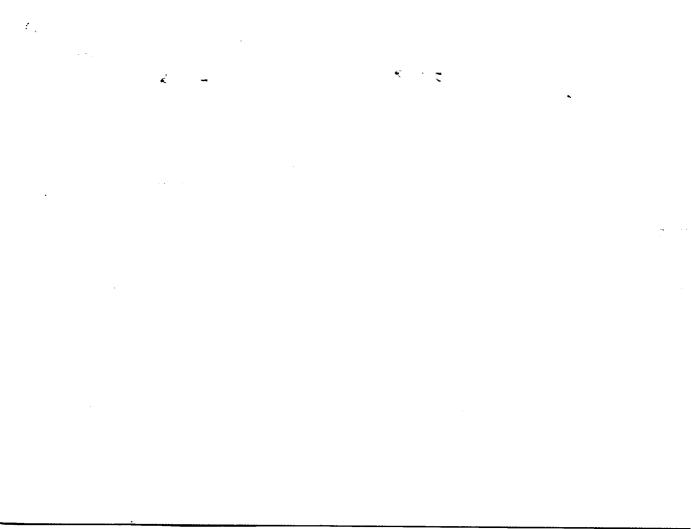
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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	
	<b>-</b>		

REC PLACE OF BIRTIN STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE PERMANENT RECORD E RETURN must be mad County of Bannet BUREAU OF VITAL STATISTICS City of Laclecle Tola CERTIFICATE OF BIRTH Registration District No. State File No. Prim. Registration District No. 2155 Local Registrar's No. 70 FULL NAME OF CHILD William Albert Trembowski Twin Number Date of Sex of _ Legiti-Triplet and in order birth 772412 1934 Child Male mate? or other? (MONTHY (DAY) (TO BE ANSWERED ONLY IN EVENT OF PLURAL BIRTHS) LES. What prophylactic was used to prevent Ophthalmia Neonatorum? 772022C Number of child of this mother, including present birth_____ (a) Born alive and now living___ Born alive but now dead______Stillborn_____Stillborn_____ FATHER Fill MOTHER Full Lea Rembonski Malden Lucile Mercer number Residence (Usual place of abode) LacLecle Residence (Usual place of abode) LacLecle, Ico If non-resident, give place and State______ If non-resident, give place and State_____ Color or race White Age at last Birthday 39 Color or race White Age at last Birthday 33 and the Birthplace Mis consin (CITY AND STATE OR COUNTY) Occupation Farmer Occupation House Wife CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was on the date above stated. (Signature) WRITE N. B.—In *Where there was no attending physician \ or midwife, then the father, householder. etc., should make this return. A stillborn Address Sandpoint Idaho child is one that neither breathes nor shows other evidence of life after birth.



STATE OF IDAHO PLACE OF DEATH RECORD. Every item of PHYSICIANS should DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE Exact statement BUREAU OF VITAL STATISTICS County of Bonner State File No ..... Registration District No.... Primary Registration District No. 2 (No. (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME. Residence. No..... PERMANENT (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs, mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow. ed or Divorced (write the 21. DATE OF DEATH (month, day and year) May 22. I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) I last saw h. Al to have occurred on the date stated above, at ......m. AGE The principal cause of death and related causes of impor-Years Days IC LESS than tance were as follows: 1 day,... hrs. Date of onset St ury ta mather LLbor or .... min. 8. Trade, profession, or particular OCCUPATION kind of work done, as spinner, sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc ..... 10. Date deceased last work- 11. Total time (years) at this occupation spent in this MARGIN Other contributory causes of importance: (mo. and yr.) ..... occupation .. BIRTHPLACE (city or town) (State or country) 13. NAME Name of operation...... Date of...... 14. BIRTHPLACE (city or DEA (State or country) What test confirmed diagnosis?.... Was there an autopsy?.. should be MOTHER 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury... 193. 16. BIRTHPLACE (city or town state CAUSE O OCCUPATION Where did injury occur?..... (State or country) (Specify city or town, county, and state) 17. INFORMANT nformation Specify whether injury occurred in industry, in home, or in (Address) public place. 18. BURIAL, CREMATION REMOVAL Manner of injury ... Nature of injury. 24. Was disease or injury in any way related to 19. UNDERTAKER (Address) of deceased?. (Signed) (Address)

Interred on ranch at backede, Ida from May 12, 1934 to May 30, 193

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 3 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

----

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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EXAMPLE I		EXAMPLE II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE F	FOR FURTH	HER STATEMENTS BY PHYSICIAN	
Gallstones		Gastroenteritis	

PLACE OF BIRTS STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BURBAU OF VITAL STATISTICS CERTIFICATE OF BURTH Registration District No. 23 State File No. (If born in hospital or institu-Prim. Registration District No. 26/ tion give name.) gralker 2. FULL NAME OF CHILD N. B. 4. Twin, triplet, or other......... 6. Premature. 7. Legiti-If plural 8. Date of 3. Sex births 5. Number, in order of birth..... RECORD. Full term L mate? MOTHER 9. Full FATHER 18. Full maiden name 19. Residence (usual place of abode) (If non-resident, give place and State) Cloud ave 10. Residence (usual place of abode) (If non-resident, give place and State) Gloso lla PERMANENT 11. Color or race 12. Age at last birthday (years Color or racefulle 21. Age at last birthday ... & 22. Birthplace (city or place) Auchan (change) 13. Birthplace (city or place) (State or country) (State or country) each. 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper typist, nurse, clerk, etc. sawyer, bookkeeper, etc Ruck Survey
Industry or business in which
work was done, as silk mills
sawmill, bank, etc.

Date (month and year)
last engaged in this work

17. Total time (years) spent kind of work done, as spiriter, OCCUPATION 15. Industry or business in which work was done, as all mills sawmill, bank, etc. 24. Industry or business in which made work was done, as own home. lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work 26. Total time (years) spent 9 16. Date (month and year) HE must april 22 1934 in this work / av. in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Repart : 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. Q...(b) Born alive but now dead...Q...(c) Stillborn......... Before labor..... 29. If stillborn. During labor ge period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN AR DWIFE JO at/6.9m. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician | or midwife, then the tather, householder, etc., should make this return. Give name added from a supplemental report..... Registrar.

THE REAL PROPERTY OF THE PARTY OF THE

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Provident Albert Charles of the Control of the Contro The late of the second of the

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STATE OF PEATH DEPARTMENT OF P	
A BUREAU OF VITA	T STATISTICS
County of CERTIFICATE	OF_DEATH   State File No 88549
City of Registration District No	73.
Primary Registration Di	strict No. Local Registrar's No. 7
(No. <b>Le 1</b> )	taspelal.
2. FULL NAME Malkey	doff, gly its name instead of street and number.)
(a) Residence. No. 6 Lines Y. JY	ighte sta
(Usual place of abode) Length of residence in city or town where death occurred. yrs. m	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.SEX 4. COLOR OR RACE 5. Single, Married, Widowe or Divorced (write the work)	ed, 21. DATE OF DEATH (month day, and year)
Male white fing	22. I HEREBY CERTIFY, That I attended deceased from
5a. If maried, widowed, or divorced HUSBAND of	april 2 2 , 193 4, to april 2 & 193 5
(or) WIFE of	to have accounted on the data stated shows at
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS the day, Ohn or Omin	to have occurred on the date stated above, at
7. AGE Years Months Days If LESS the 1 day, O. hr	
	. Sull perta
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.	
9. Industry or business in which	
work was done, as silk mill, saw mill, bank etc	
10. Date deceased last worked at this occupation (month and spent in this	Other contributory causes of importance:
year) occupation	hara.
12. BIRTHPLACE (city or town)	<u></u>
13. NAME Cher Walker	Name of operation Moul Date of
13. NAME CALLED CALLED 14. BIRTHPLACE (city or town)	What test confirmed diagnosis?
(State of Country)	23. If death was due to exter's causes (violetice) fill in also the following:
15. MAIDEN AND BURNEY OF TOWN OF STATE OF THE STATE OF TH	Accident, suicide, or homicide? Date of injury, 193.
5 16. BIRTHPLACE (city or town)	Where did injury occur?
(State or country)	Specify whether injury occurred in industry in home, or in public
17. INFORMENT (Address)	Colace.
	Manner of injury
Place Jacks Tall Date # - 23, 193	Nature of injury  24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER I State of alls of	If so, specify Q
	(Signed) , M.D
20. FILE REGISTRATE	(Address) Adala Talla

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

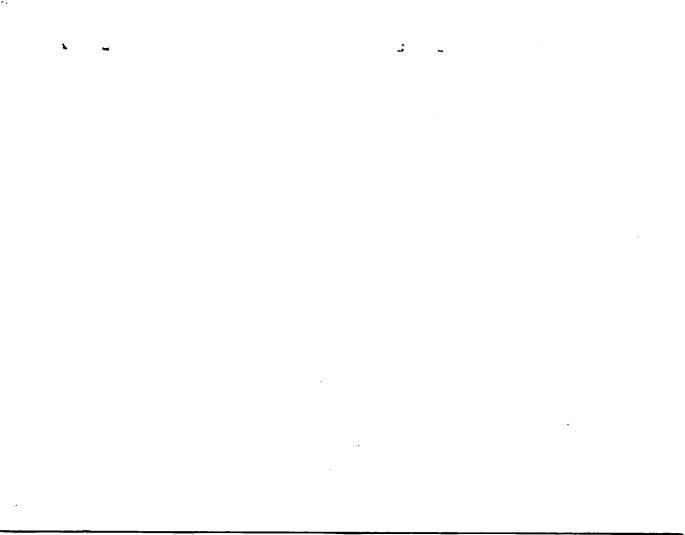
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	-	
Gallstones	May 1, 1923	Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		



of A-te	STATE OF II	DAHO
at a Carl	PLACE OF DEATH DEPARTMENT OF PUI	BLIC WELFARE DO NOT WRITE IN THIS SPACE
ery ite should f OCC	County of Cartificate O	F DEATH   State File No
of sel	City of Carlina Registration District No	1007
M 00 -	Primary Registration Distr	ict No3 Local Registrar's No33
RECORD. F PHYSICIANS Kact statement	2. FULL NAME Safy Voro.  (a) Residence. No. Samue Samu	give its name instead of street and number.)  (alm St. (If nonresident give city or town and state)
DING ERMANENT EXACTLY.	Length of residence in city or town where death occurred. yrs. mos.  PERSONAL AND STATISTICAL PARTICULARS	ds. How long in U. S., if of foreign birth? yrs. mos. ds.  MEDICAL CERTIFICATE OF DEATH
NG MANE ACTLY sified.	3.SEX- 4. CQLOR OR RACE   5. Single, Married, Widowed,	, — , — , — , — , — , — , — , — , — , —
NG IMA CAC	Texuse Mute or Divorced (write the word)	21. DATE OF DEATH (month day, and year) 5 /4 193 4 22. I HEREBY CERTIFY, That I attended deceased from
BINDING A PERM  ated EXAC  erly classif	5a. If maried, widowed, or divorced HUSBAND of	Dur der 193, to, 193
BIN ted ted	(or) WIFE of	I last saw halive on, 193; death is said
R BI	6. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at
HIS IS A LIGHT BE STATE OF THE PROPERTY OF THE	7. AGE Years Months Days If LESS than 1 day, hrs.	were as follows:  Date of onset
UH P	8. Trade, profession, or particular	Moustrosity
KVE K-1 sho sho ray		underelofted thead
RESERVED NG INK—TH AGE shoul that it may b	kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at 11. Total time (years) this occupation (month and	and fall
N RES	this occupation (month and   spent in this	Other contributory causes of importance:
MARGIN I UNFADIN y supplied. terms, so the	12. BIRTHPLACE (city or town (State or country)	
	13. NAME FOR BOOK Floud (V	Name of operation 26 Date of
VITH plain	13. NAME Togal N.  14. BIRTHPLACE (city or town)	What test confirmed diagnosis?
WITH careful in plain	(State of County)	23. If death was due to exter leauses (violence) all in also the following
	15. MAIDEN NAME Louis Baco  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
AINLY, Vhould be co	5   16. BIRTHPLACE (city or town)	(Specify city or town county, and State)
		Specify whether injury occurred in industry in home, or in public place.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place January Date 3/4, 1937.4	Nature of injury
-WRIT	19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
I & E. I	E /E / Gellerania	(Signed) M.D.
# ;	20. FILED Registrar.	(Address) Assue Lautes

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Other CONTRIBUTORY CAUSES of importance:	M	Other CONTRIBUTORY CAUSES of importance:	
Guisiones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
		***************************************	•

FULL NAME OF CHILD NOT named	on District No. 2 2 2 2 Local Registrar's No
Sex of Twin/Ne   Number   Triplet   and   in order   no other?   (To be answered only in event of plural births)	(Month) (Day) (Year
What prophylactic was used to prevent Ophthalmia	
Number of child of this mother, including present birth.	(a) Born alive and now living.
Born alive but now dead.	Stillborn
FATHER FULL Roel Richardson NAME	FULL MOTHER MAIDEN NAME Effe LOCK
Residence (Usual place of abode) Rupert, 144110	Residence (Usual place of abode)
It non-resident, give place and State	If non-resident, give place and State
Color or race	Color or race. Age at last Birthday
Birthplace	Birthplace (City and State or County) Occupation (116)
(City and State or County) Occupation Civil Engineer	
Occupation Civil ingineer	OG PHYSICIAN OR MIDWIFE
Occupation Givil in Sincer  CERTIFICATE OF ATTENDIN  I hereby certify that I attended the birth of this on the data above stated	child, who was Stillborn at
Occupation Givil Engineer  CERTIFICATE OF ATTENDIN  I hereby certify that I attended the birth of this on the data shows stated	Alto Alito

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RECEIVED JUL 2 STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUPILC WELFARE DO NOT WRITE IN THIS SPACE BURBAU OF VITAL STATISFICS County of Carela CERTIFICATE OF DEATH State File No. Registration District No.... Primary Registration District No. 2/2 Local Registrar's No. (If death occurred in a hospital or institution, give its name instead of street and number) Not Named 2. FULL NAME..... "upert, Idaho (a) Residence. No. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign blirth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widowed or Divorced (write the 21. DATE OF DEATH (month, day and year)/10/34 198 word) Infant 22 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced .., 193.... to 5/10/34 HUSBAND of (or) WIFE of I last saw h....alive on .........., 193...: death is said 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at ......m. 7. AGE The principal cause of death and related causes of impor-Days/ If LESS than tance were as follows: Date of onset 1 day .... hrs. 0 O or ..... min. Still born, been dead several 8. Trade, profession, or particular kind of work done, as spinner, None days. sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work. | 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ...... occupation .... 12. BIRTHPLACE (city or town) Soda Springs, (State or country) 18. NAME Unitemed DEATH Name of operation...... Date of...... What test confirmed diagnosis?.... Was there an autopsy?.. 23. If death was due to exter'l causes (violence) fill in also Lifte Lock 15. MAIDEN NAME should the following: state CAUSE OF OCCUPATION is Mupert, Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or town) .... Where did injury occur?..... (State or country) (Specify city or town, county, and state) 17. INFORMANT . .... 18 . DUC. LOY. Specify whether injury occurred in industry, in home, or in (Address) soda Springs, Idaho public place. ...... 18. BURIAL CREMATION OR REMOVAL Manner of injury..... Place "upert, Luaho Nature of injury..... 19. UNDERTAKER Rodney Joodman 24. Was disease or injury in any way related to ed Aupert. Icaho (Address) of deceased? ...... If so, specify ... (Signed) (Address) Seels.

PERMANENT RECORD. Every item ated EXACTLY. PHYSICIANS show

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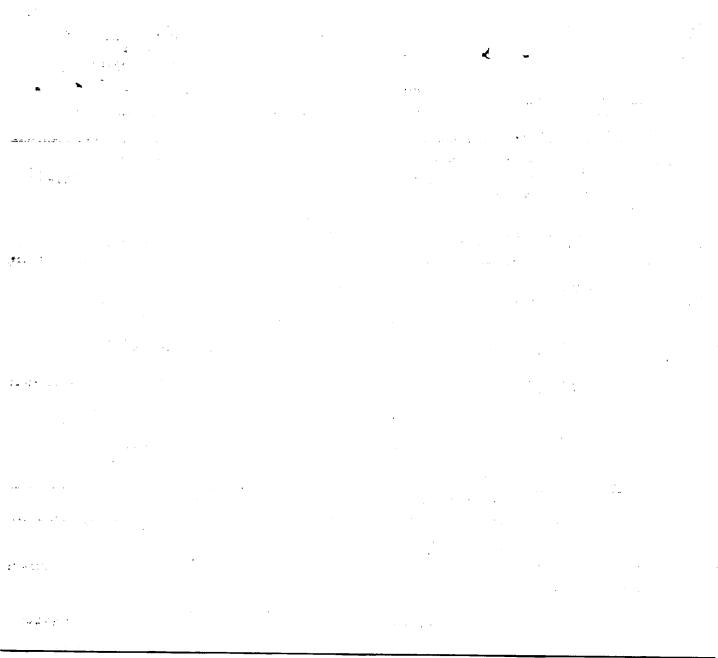
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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

ELVED : UN 12 188 —In case of more than, in order of birth stated. STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Case BUREAU OF VITAL STATISTICS City of Rula CERTIFICATE OF BIRTH 221 No... Registration District No. // 7 State File No. (If born in hospital or institution give name.) Prim. Registration District No. 2/96 Local Registrar's No. 2/96 2. FULL NAME OF CHILD N. B.-7. Legiti-[f plural 8. Date of 2. Sex births birth... Q Bau 5. Number, in order of birth..... Full term V mate?... PERMANENT RECORD. each, and the number of 9. Full (\ FATHER 18. Full MOTHER maiden name. name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State). (3444) (If non-resident, give place and State) Black 11. Color or race. المدر العام 12. Age at last birthday. 3.8 (years) 20. Color or race 121. Age at last birthday 33 (year 22. Birthplace (city or place) (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, kind of work done, as spinner, CUPATION S A typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which . must be made work was done, as own home. work was done, as silk mill. lawver's office. silk mill, etc. sawmill, bank, etc..... 16. Date (month and year) last engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work 26. Total time (years) spent , 19 in this work 19 in this w 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. 2. (b) Born alive but now dead... 4. (c) Stillborn... Before labor..... months 29. If stillborn. or weeks 30. Cause of stillbirth During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE Born Alive or Stillborn) at 7.24 on the flate above stated. I hereby certify that I attended the birth of this child, who was A When there was no attending physician / (Signed) ... or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... chil Registrar.



PLA	EY DEATH!!	STATE OF IDA		DO NOT WRITE IN	THIS SPACE
·	Carria C	ERTIFICATE O	TATISTICS		3621
RD. Every		egistration District No		State File No	
t CC	<i>:</i>	rimary Registration District		Local Registrar's No	25
LXS Exa	•	(No		`	
EXAD	(If death scourred in	a hospital or institution, giv	re its name instead	of street and number)	206
[ number   1	(Causi Diace of Anone)	there death occurred. yrs.	/t#	St. sident give city or town s n U. S., if of foreign burth?	ind state) yrs. mos. ds.
	RSONAL AND STATISTIC		MEDICA	AL CERTIFICATE OF DE	ATH
EXMAG Series 3. SEX	4. Color or Race	5. Single, Married, Widow- ed of Divorced (write the	21. DATE OF DEA	ATH (month for each can	9 9 198 4
HUSI	parried, widowed, or divor	ced .		ERTIFY, That I attended	
	WIFE of OF BIRTH (manth, day)	and year)	I last saw him. a	on . Cereio 9 1934	: death is said
OST PHO T. AGE	Years Months	Days   If LESS than		on the date stated above, se of death and related (	
OF POST	Xtill	1 day, hrs.	tance were as f	ollows:	Date of onset
W R R R R R R R R R R R	rade, profession, or particulind of work done, as mpin	lar	Sulvia Ule	in aspluzzai	
A SE SE 9. In	twyer, bookkeeper, etc dustry.or business in whi				
R. d.	ork was done, as silk mill	• • • • • • • • • • • • • • • • • • • •			
NAG CO CO	Pate deceased last workat this occupation on and yr.)	11. Total time (years) spent in this occupation	Other contribut	ory causes of importance:	
	THPLACE (city or town) (State or country)	Juney da			
WITH Carefull TH in 13. 7 14. E	Hover Bu	ttars.			
MALL 14./E	STRTHPLACE (city or town	larkston	1	ned diagnosis? Was the	
Very 15. W	MAIDEN NOW	Routon	l	due to exter'l causes (viol	
Z =	BIRTHPLACE (cht. or too	Lewiston	Accident, suicide,	or homicide? Date	of injury, 193.
LESS 17. INF	ORMANT (10) (State or compart)	Buttars	(Si	pecify city or town, count injury occurred in <b>industr</b>	
—————————————————————————————————————	(Address) Jule RIAL, CALEMATON OR B	MOVAL	11		
MRITE CALL 19. INII 1	Place Markston	. W Date 4 2.1., 193.4	Nature of injury		
19 M X   19 UNI	ERTAKER A. G. K	da		or injury in any way rela	
20. FIL	1, 1, 2, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,	Laura Gregoria.	(Signed) (Address)	At negli & Decen	9d M. D.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

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EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Hate of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE 22198 County of rankling Proston City of..... CERTIFICATE OF BIRTH No. - Registration District No. ..... State File No. to order of (If born in hospital or institu-Prim. Registration District No. 2114 Local Registrar's No. /64 tion give name.) Baby Boy Mendenhall 2. FULL NAME OF CHILD ... 2 . B 7. Legiti-(f plira) 4. Twin, triplet, or other........... 6. Premature.... 8. Date thoril 8 3. Sex birthe birth..... male mate? Ves (Month, Day, To 5. Namber, in order of birth.... Full term..... RECORD. 9. Full FATHER. 18. Fp11 MOTHER maiden name Russel Mendenhall Dama Eduby Jensen 19. Residence (usual place of abode) Dayton Idah 10. Residence (usual place of abode) (If non-resident, give place and State) ____Byt.on____ (If non-resident, give place and State) 11. Color or race.whith 12. Age at last birthday 24 (years) 20. Color or raceWhit. 21. Age at last birthday.22...(years) 13. Birthplace (city or place) Dayton Idaho 22. Birthplace (city or place) Praction (State or country) (State or country) ech. 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper. kind of work done, as spinner, typist, nurse, clerk, etc. Housakeener ...... 24. Industry or business in which made work was done, as own home. lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work 26. Total time (years) spent ڳ DUST. 19 in this work ...... 19...... in this work..... WITH UNIFADING Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead.....(c) Stillborn..... Before labor..... months or weeks 30. Cause of stillbirth. 29. If stillborn. During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR TOWERE I hereby certify that I attended the birth of this child, who was tillborn on the date above stated. When there was no attending physician / (Signett) or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report.....(Date of) WRITE One child Registrar. The same of the sa

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i	Ild state	PLACE OF DEATH		BLIC WELFARE	DO NOT WRITE I	N THIS SPACE
	50	County of Franklin	CERTIFICATE O		State File No	88655
2	်တ္ 🗅	§1	Registration District No Primary Registration Distri		Local Registrar's	No 10
5	SICIANS		(No	.,,,	,	No
400240	PHYSICIAN ract statemen	2. FULL NAME BABY		= H /' 1	oi street and number.)	1 N 2
	PH Exact	(a) Residence. No(Usual place of abode) Length of residence in city or town whe		StSt	If nonresident give city o . S., if of foreign birth?	r town and state) yrs. mos. ds.
7	CTLY.	PERSONAL AND STATIST	CAL PARTICULARS	MEDIC	AL CERTIFICATE OF D	EATH
4	CACTL ssifted.	Male 4. COLOR OR RACE white	5. Single, Married, Widowed, or Diverged (grite the word)		(month day, and year)	deceased from
BINDING A DEBM	y cla	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of		I last saw ht. alive	on Still bitt	193 death is said
<b>22</b> 0	state operlicate.	6. DATE OF BIRTH (month, day, and	<del>                                     </del>	Tile puincipal cause	the date stated above, at- of death and related cau	3 Cm. ses of importance
D FO	ald be stat be proper certificate	7. AGE Years Months	Days If LESS than 1 day, hrs. or min.	were as follows:	furth	Date of onset
RESERVED	g should may be	8. Trade, profession, or particular kind of work done, as spinnel sawyer, bookeeper, etc	,			
ESE	AGE agt it	kind of work done, as spinned sawyer, bookeeper, etc				
	7 • 🖆 a	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Other contributory	causes of importance:	
ARGIN		12. BIRTHPLACE (city or town) (State or country)	Preston Idaho			
MA.		13. NAME Russel M	endenkall	Name of operation	-	Date of
	carefull n plain	13. NAME RUSSOL M 14. BIRTHPLACE (city or town) (State or country)	Dayton Idaho		liagnosis?Was exter¶causes (violence)fill	
	in in a	15. MAIDEN NAME Rub	y Jensen	Accident, suicide, or l	omicide? Da	te of injury, 193
	should be ce DEATH in	15. MAIDEN NAME Rub 16. BIRTHPLACE (city or town) (State or country)	Preston Idaho	4	(Specify city or town cou	
•		17. INFORMENT Russel (Address)	Dayton Idaho	place.	ry occurred in industry.	m nome, or m public
	information CAUSE OF TION is ver	18. BURIAL, CREMATION, QR REMO	Date APP , 1439 3			
	inform CAUS TION	19. UNDERTAKER M. W. Hend (Address)	ricks Prenton Ida	! 1 <i>A A</i> .	y in any way related to oc	cupation of deceased?
A		20. FILED 12.2. , 193.4	Grustales Registrar.	(Signed)(Address)	filston	Jea M.D.
2	<b>-</b> .	·				

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		·	

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ECEIMED JUN 11	STATE OF II	NATIO .
PLACE OF DEATH County of Translin	DEPARTMENT OF PUI BUREAU OF VITAL	BLIC WELFARE DO NOT WRITE IN THIS SPACE
Com a much Creek.	CERTIFICATE Q	
	Registration District No Primary Registration Distri	
	'No.	`
2. FULL NAME	irred in a hospital or institution,	give its name instead of street and number,
(a) Residence. No	mink Cue	L - St
(Usual place of abode) Length of residence in city or town when	re death occurred. yrs. mos.	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.SEX 4. COLOR OR RACE	5. Single, Married, Widowed, or Diverced (write the word)	21. DATE OF DEATH (month day, and year) 5-/- 193 4
5a. If maried, widowed, or divorced HUSBAND of	Joany.	22. I HEREBY CERTIPY, That I attended deceased from, 193, to, 193, 193
HUSBAND of (or) WIFE of		I last saw h alive on 198 death is said
6. DATE OF BIRTH (month, day, and	year) 5-1-34	to have occurred on the date stated above, atm.  The principal cause of death and related causes of importance
7. AGE Years Months	Days If LESS than 1 day, hrs.	were as follows:  Date of onse
8. Trade profession or particular	or — min.	24,01
8. Trade, profession, or particular kind of work done, as spinner sawyer, beokeeper, etc	,	Shilliam
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc		
	11. Total time (years) spent in this occupation	Other contributory causes of troportance:
12. BIRTHPLACE (city or town) (State or country)	nink Creek	
13. NAME Ribert Les	Rallison	Name of operation Date of
13. NAME Shert Leo 14. BIRTHPLACE (city or town) (State or country)	Lairnien	What test confirmed diagnosis? \( \text{\lambda} \) Was there an autopsy?
	Dilla Citiza	23. If death was due to exter leauses (violence) fill in also the following.  Accident, suicide, or homicide? Date of injury
15. MAIDEN NAME May 2  16. BIRTHPLACE (city or town)  (State or country)	Coalville	Where did injury occur?
17. INFORMENT Perfect Z	e Palison	'Specify whether injury occurred in industry in home, or in public place.
(Address)  18. BURIAL, CREMATION, OR REMOVE	7AT.	Manner of injury
Place		Nature of injury
19. UNDERTAKER (Address)	1' 0 - 1	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 8 , 193 4 V	4 110 Hatos	(Signed) J. M.D.
	Registrar	(Address) Crista Ha

MARGIN RESERVED FOR BINDING

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	1

BRATE OF IDAMO DEPARTMENT OF SERVICE WILPARE RUSHAU OF VITAL STATISTICS County of Franklin CERTIFICATE OF BRIEF 221900 Registration District No. 27 State File No. (If born in hospital or institu-tion give name.) aby girl Radford 2. FULL NAME OF CHILD. N. 88. 4. Twin, triplet, or other....... 6. Premature... 7. Legiti-[f plural 8. Date of 3. Sex birth May 18 ..... 198 births mete? Yes 5. Number, in order of birth.... Full term Ve 8 Female (Month, Day, Year 9. Full FATHER 18. Full MOTHER maiden name Stephen L. Radford Mary L. Nelson nama 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) Preston (If non-resident, give place and State) Preston PERMIANENT 20. Color or race white | 21. Age at last birthday 44 years) 13. Birthplace (city or place) or thicarolina Riverdale 22. Birthplace (city or place)..... Idaho (State or country) each, 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, ousekeeper kind of work done, as spinner, sawyer, bookkeeper, etc Lahorer.

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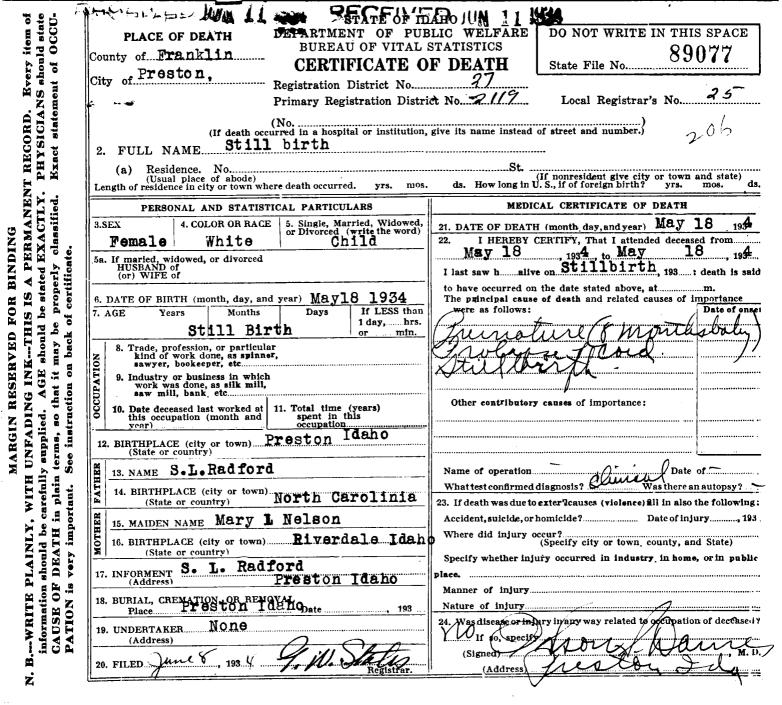
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH .- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
FOR FURTH	ER STATEMENTS BY PHYSICIAN °		
	1915 1921 July 5, 1927 May 1, 1923	Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis  Other CONTRIBUTORY CAUSES of importance:	

STATE OF LOCATE DEPARTMENT OF PUBLIC WHEFAI BURBAU OF VITAL STATISTICS ORRTIFICATE OF RIRTH 30 elstration District No. ..... Prim. Registration District No. 1050 Legal Registrar's No. 24 tion give name.) 2. FULL NAME OF CHILD Baby Faulkner (Mable Ann) 4. Twin, triplet, or other ...... 6. Premature... 7. Legiti-8. Date of if plaral 3. Sex 1F birth..... births Full term YOB mete?... 5. Number, in order of birth..... RECORD. MOTHER 18. Pull FATHER 9. Full maiden name Edith Margaret McKinno Earl Graham Faulkner name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State)........Idaho...... 20. Color or race. ....... 21. Age at last birthday .... (years) 11. Color or race...... | 12. Age at last birthday 2.2. (years) 13. Birthplace (city or place) by a 20051207 22. Birthplace (city or place). Adbertage (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, typist, nurse, clerk, etc. HOUR AWIIE. kind of work done, as spinner, sawyer, bookkeeper, etc Truck Driver 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill. made lawver's office, silk mill, etc. sawmill, bank, etc..... 16. Date (month and year) last engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work..... , 19 in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum 11ver Nitrate 1% 28. Number of children of this mother (At time of this birth and including this child) 4 (a) Born alive and now living 3...(b) Born alive but now dead ......(c) Stillborn 1..... Before labor 208 period of gestation 9 Mo. or weeks 30. Cause of stillbirth. Anengephaly 29. If stillborn, During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who asstillhorn 1:30 on the date above stated. When there was no attending physician ! or midwife, then the father, householder, etc., should make this return. Give name added from Address Coeur d'Alene Idaho child a supplemental report.....(Date of) Registrar.

PARTIE OF THE STATE OF STATE O BRITISICATE OF EACH CON MIP MARKE THE PROPERTY OF The state of the s and the second of the second The state of the s A STATE OF THE STA and are the second tiert. 411124 therefore to be the testing of the t الرجوان والجيار الأثنا Only the Martin of the State of Martin and Martin in the port approved to give and the second of the second of and a second state of an analysis of the second second Application of the control of the co

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is a standard that is contained from the same of the same of the same tolkin avenuel mutter the training hands of Carrier Contracting to the Contraction of the Contr N. B..-WRITE PLAINLY, WITH UNFADING INK.--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Registration District No	DO NOT WRITE IN THIS SPACE STATISTICS  F DEATH  State, File No. 219  Local Registrar's No. 219
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowed or Divorced (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year)	21. DATE OF DEATH (month, day and year 22. I HEREBY CERTIFY, That I attended deceased from
7. AGE Years Months Days If LESS than 1 day, hrs. or \( \text{P} \) \( \text{Months} \) for \( \text{P} \) min.  8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last work.   11. Total time (years) ed at this occupation spent in this occupation.	tance were as follows: Date of onset
12. BIRTHPLACE (city or toyn) weight alene (State or country)  13. NAME Earl-auck ner  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Edith Mekinney  16. BIRTHPLACE (city or town)	Name of operation
17. INFORMANT OF STANDARD OF REMOVAL  18. BURIAL, CREMATION OR REMOVAL  19. UNDERTAKER CASSESY Truster of Jan. 1881.  (Address) Caeunal aleye Jan. 1881.	Specify city or town, county, and state)  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury.  Nature of injury.  24. Was disease or injury in any way related to occupation of deceased?
20. FILED # 5 -, 198.4. 6. I. Apollo,	(Address)

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

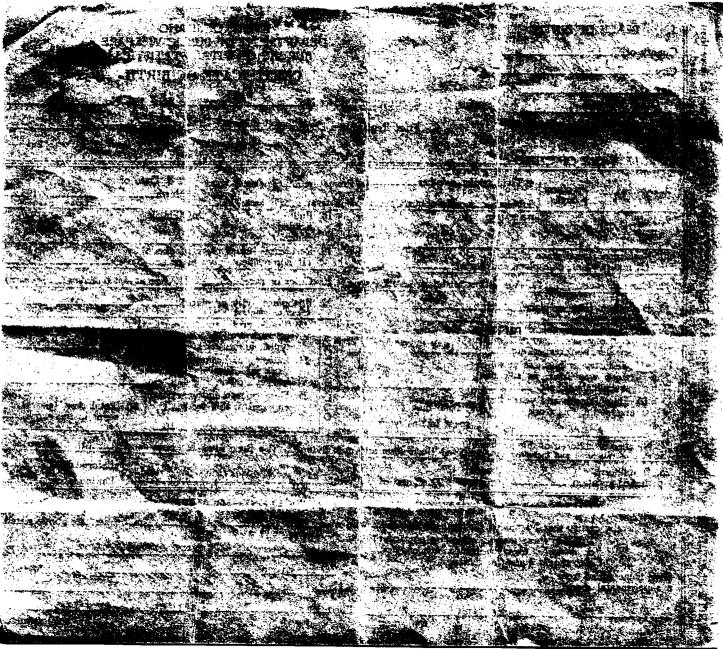
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engi-Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH .- Cause of death means the disease, injury, or complication which causes death, net the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	
		. **	

MIRCE STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATIST City of. CERTIFICATE OF BIRTH= State File No.___ Registration District No ... (If born in hospital or institution Prim. Registration District No. Local Registrar's No... give name.) 2. FULLANAME OF CHILD_ 4. Twin, triplet, or other_____6. Premature___ 8. Date of plurai ( birth. births Full term. 5. Number, in order of birth____ 18. Full 9. Full maiden name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) _____ (If non-resident, give place and State) _21. Age at last birthday 20. Color or race 11. Color or race 12. Age at last 22. Birthplace (city or place). 13. Birthplace (city or place) __ (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper kind of work done, as spinner, PATION typist, nurse, clerk, etc__ OCCUPATION sawyer, bookkeeper, etc. 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill. lawyer's office, silk mill, etc .___ RETURN must be sawmill, bank, etc. _ 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last 26. Total time (years) engaged in this work spent in this work_. spent in this work__ 27. Number of children of this mother (c) Stillborn. (At time of this birth and including this child) (a) Born alive and now living ....(b) Born alive but now dead Before labor ---28. If stillborn. months 29. Cause of stillbirth. period of gestation____ During labor CERTIFICATE OF ATTENDING P m. on the pate above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician ) or midwife, then the father, householder, (Signed) etc., should make this return. Give name added from a supplemental report_____ Address (DATE OF) Registrar.



CERTIFICATE OF DEATH. State of Idaho BOARD OF HEALTH Registration District No..... Bureau of Vital Statistics Primary Registration District No.... File No. (No. ....., Registered No. f death occurs away from usual residence, give facts called for under special If death occurred in a hospital, institution or camp, give its NAME instead of information. FULL NAME street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR OR RACES. SINGLE, MARRIED, 16. DATE OF DEATH 6. DATE OF BIRTH. (Month) (Year) I HEREBY CERTIFY. That I attended decer (Month) (Day) (Year) 7. AGE IF LESS than 1 day that I last saw h alive on and that death occured on the date stated above, at . . . . . . *mln*.? 8. OCCUPATION (a) Trade, profession or particular kind of work... (b) General nature of industry, business, or estab-lishment in which employed (or employer)..... 9. BIRTHPLACE (Duration) Contributory (State or Country) (Secondary) 10. NAME OF FATHER (Duratio 11. BIRTHPLACE OF FATHER (State or Country) "State the DISHARM CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. 12. MAIDEN NAME 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) 13. BIRTHPLACE OF MOTHER At place In the of death.....yrs.....mos.....days. (State or Country State.....yrs.....mos.....days Where was disease contracted 14. THE ABOVE IS if not at place of death?.... (Informant) Former or usual residence 15. SYMS - YORK CO., PTRS. 4 SORS. 24654

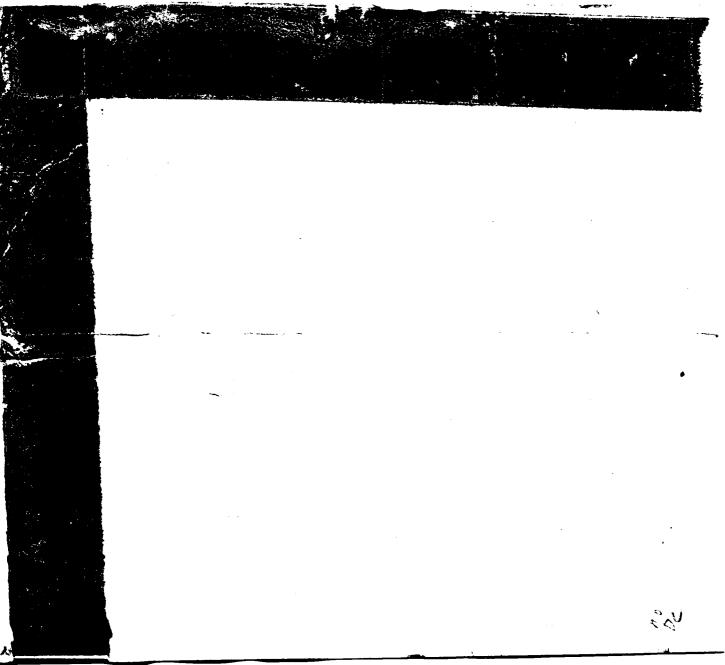
A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated this: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile,"
etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUER-PERAL, septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train --accident: Revolver wound of head-homicide: Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory."

Sex If plural 4. Twin, triplet, or othe births 5. Number, in order of 1. Full name Towns 1 place of phode 1.	6. Premature firth Full terms 18 Full man 19. Res (If 38 (years) 20. Col 22. Bir (St. 23. Man 24.	222121  7. Legiti-  8. Date of birth  MOTHER  aiden  MOTHER  Author  isidence (usual place of abode)  f non-resident, give place and State)  olor or rage (city or place)  Trade, profession, or particular kine of work done, as housekeeper, typist, nurse, clerk, etc  Industry or business in which work was done, as own home.
FULL NAME OF CHILD  Sex  If plural 4. Twin, triplet, or other births 5. Number, in order of 1. Full plural 15. Number, in order of 1. Full plural 16. Residence (usual place of abode) (If non-resident, give place and State)  1. Color or particular, 12. Age at last birthday 16. State or country 11. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 15. Industry or business in which work was done, as silk mill, sawyers was done, as silk mill was done, as silk m	6. Premature dirth Full terson 18/Full ma nar 19. Res (If 38 (years) 20. Col 22. Bir (8t 23.	222121  7. Legiti-  8. Date of birth  MOTHER  aiden  MOTHER  Author  isidence (usual place of abode)  f non-resident, give place and State)  olor or rage (city or place)  Trade, profession, or particular kine of work done, as housekeeper, typist, nurse, clerk, etc  Industry or business in which work was done, as own home.
Sex  If plural 4. Twin, triplet, or other births 5. Number, in order of 1. Full place of abode (If non-resident, give place and State)  Color or partial 12. Age at last birthday  Birthplace (city or place)  State or country  14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawyerlill bank etc.	6. Premature firth Full terms 18 Full man 19. Res (If 38 (years) 20. Col 22. Bir (St. 23. Man 24.	7. Legiti- mater 2.  MOTHER aiden me MOTHER sidence (usual place of abode) f non-resident, give place and State) clor or race 21. Age at last in rthplace (city or place) Trade, profession, or particular kine of work done, as housekeeper, typist, nurse, clerk, etc lindustry or business in which work was done, as own home.
D. Residence (usual place of abode) (If non-resident, give place and State)  1. Color or partial, (State or country)  14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawyerill book etc.	Jenson 18/Full terson 18/Full ma 19. Res (If 38_(years) 20. Col 22. Bir (St 23.  NMG 24.	mater birth (Mather mater)  mater material ma
D. Full FATHER  10. Residence (usual place of abode) (If non-resident, give place and State)  11. Color or/secuta, 12. Age at last birthday  12. Age at last birthday  13. Birthplace (city or place)  14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawyerlill book etc.	Full terms  18. Full ma nar 19. Res (If 38 (years) 20. Col 22. Bir (St 23.  24.	mater birth (MoTHER) aiden me  MOTHER aiden me  sidence (usual place of abode) f non-resident, give place and State) blor or raget Mar. 21. Age at last in rthplace (city or place)  Trade, profession, or particular kine of work done, as housekeeper, typist, nurse, clerk, etc. Industry or business in which work was done, as own home.
1. Color or particular (State or country)  1. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  1. Industry or business in which work was done, as silk mill, sawyerlill book etc.	18/Fu   ma   nar   19. Res   (If   38   (years)   20. Col   22. Bir (8t   23.   24.   24.   24.   24.	me MOTHER  aiden Mother  me Mothe
1. Color or particular (State or country)  1. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  1. Industry or business in which work was done, as silk mill, sawyerlill book etc.	19. Res   19. Res   19. Res   19. Col   19.	risidence (usual place of abode) f non-resident, give place and State) plor or rage 21. Age at last in the common of the common of the common of work done, as housekeeper, typist, nurse, clerk, etc.  Industry or business in which work was done, as own home.
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(If non-resident, give place and State)  1. Color or 12. Age at last birthday  3. Birthplace (city or place)  (State or country)  14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawyerill book etc.	20. Col. (St. (St. (St. (St. (St. (St. (St. (St	olor or rage (121. Age at last last last last last last last l
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3. Birthplace (city or place)	22. Bir (8t NOLL 24.	of work done, as housekeeper, typist, nurse, clerk, etc
(State or country)  14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawyeill book etc.	ning 23.	of work done, as housekeeper, typist, nurse, clerk, etc
kind of work done, as spinner, sawyer, bookkeeper, etc15. Industry or business in which work was done, as silk mill,	nwig NO 24.	of work done, as housekeeper, typist, nurse, clerk, etc
sawyer, bookkeeper, etc		l. Industry or business in which work was done, as own home.
enweill bank etc		work was done, as own home.
enweill bank etc		WOLK WAS COLLE, AS OWN HOME,
16. Date (month and year) last		lawyer's office, silk mill, etc
	7 25.	. Date (month and year) last
engaged in this work 17. Total tim	e (years)	engaged in this work 26. To
11 - 38 161/ spent in the	is work	H-18 1934 SP
Number of children of this mother	19 1 19-1	/ (h) Rom alive but now dead /
t time of this birth and including this child) (a) bor	alive and now living	aly - overtime (R
. If stillborn, 9 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ause of sillbirth lun	1 2 2
		=/
CERTIFICATE OF	ATTENDING PHYS	CLANOR MIDWIFE
I hereby certify that I attended the birth of t	is child, who was	all to me at 8 13 d m. on t
When there was no attending physician	BORI	IN ALIVE OR STILLER
or midwife, then the father, householder,}	(Signed)	- ANSMULA
etc., should make this return.  Ve name added from	OF	
supplemental report(DATE OF)	Address	



PLACE OF BIRTH JUN 13 1934 -In case of more than In order of birth stated STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. (If born in bospital or institution give name.) Paims Registration District No. .....Local Registrar's No..... 2. FULL NAME OF CHILD. N. B. (f plara) 4. Twin, triplet, or other........ 8. Premature.... 7. Legiti-8. Date of 3. Sex births 5. Number, in order of birth..... Full term RECORD. mate! 9. Pull 18. Full MOTHER FATHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) PERMANENT sech, and the (If hon-resident, give place and State) (If non-resident, give place and State) 11. Color or race 12. Age at last birthday .... (years) 20. Color or race Age at last birthday. 3. 5(ye 13. Birthplace (city or place) (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper kind of work done, as spinner Sol For typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which made work was done, as silk mill. work was done, as own home. lawyer's office, silk mill, etc. sawmill, bank, etc..... 25. Date (month and year) 26. Total time (years) spent 2 16. Date (month and year)
last engaged in this work 17. Total time (years) spent must K 4-16-34 19 730 19.... in this work..... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separa 28. Number of children of this mother (At time of this birth and including this child) Before labor.... months period of gestation or weeks 30 Cause of stillbirth cinilale 29. If stillborn, During labor. both arived few minutes CERTIFICATE OF ATTENDING PHYSICIAN OR I on the date above stated. I hereby certify that I attended the birth of this child, who wask When there was no attending physician / (Signed) or midwife, then the father, householder, etc., should make this return. Give name added from WRITE One child Address Registrar.

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The state of the s The second secon N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

IN 23 1934		The second secon		
0.17			¥ >	
PLACE OF DEATH	STATE OF II	OT TO TWO		
County of Neg Rivel	BUREAU OF VITAL	STATISTICS.	DO NOT WRITE IN	THIS SPACE
City of Kaphwai Jak	RITHEATE (	OF DEATH	State File No895	572
· 1	Repatration District No	128		. (20)
	Presary Registration Distri			
2. FULL NAME.	hospital or institution, g	ive its name instead o	f street and number)	1
(a) Residence. No			<u>-</u>	<b>~</b> 0 '
The state of the s	vhere death occurred. yrs.	(If nonres	St. ident give city or town an	nd state)
PERSONAL AND STATISTI	CAL PARTICULARS	Munica	C. S., If of foreign birth?	yrs. mos. ds.
4. Color or Race	5. Single Married Wilson		L CERTIFICATE OF DE	
Mace marker 41	word)	21. DATE OF DEA	TH (month, day and year	4-16-1934
5a. If married, widowed, or divdr HUSBAND of	ced	22. I HEREBY CE	RTIFY, That I attended	deceased from
6. DATE OF BIRTH (month)	,	· · · · · · · · · · · · · · · · · · ·	193 "to 777. 107. 011	7934
6. DATE OF BIRTH (month, day,	and year) 4-16-34	I last saw hali	ve on	: death is said
monting monting	Days If LESS than	I to have occurred of	n the data stated above	
	1 day, hrs.	tance were as fo	of death and related carllows:	
8. Trade, profession, or particular kind of work done	or min.	······· Dfigf		Date of onset
kind of work done, as spins sawyer, bookkeeper, etc	ier,	Tulla	ull	
work was done as a whice				
saw mill, bank, etc.			,	
2 10. Date deceased last work 1 ed at this occupation	Shenr in tule		•••••	
(mo. and yr.)	occupation	Other contributor	causes of importance:	
12. BIRTHPLACE (city or town).  (State or country)	The state of		••••••	
# 12 NAME -	Jour Co			
13. NAME James / home	or Miles			
S 14. BIR HPLACE (city or town (State or country)	)	Name of operation	D	ate of
E I I SELECTION	Vanlana	What test confirmed	diagnosis? Was there	an autonsy?
14. BIRTHPLACE (city or town (State or country)  15. MAIDEN NAME PORK  16. BIRTHPLACE (city or town (State or country))	I Williams	28. If death was due	to exter'l causes (violence homicide? Date of	e) fill in also
(State or country)	John	where ald injury of	eeur?.	_
17. INFORMANT (Address)	22 Afterno	(Spec)	iry city or town, county of	ind state)
18. RURIAL CREWATTON	10VAL	public place.	ry occurred in industry, i	n home, or in
Place Moles Alexon	Data 4-1/ +	Manner of injury		• • • • • • • • • • • • • • • • • • • •
9. UNDERTAKER TRAM	Date 7. 7.6 7, 1937.	Nature of injury		• • • • • • • • • • • • • • • • • • • •
(Address)	7	24. Was disease or in	njury in any way related	to occupation
20. FILED ANTIC., 1934, 449	En Jacobs	of deceased?	If so, specify	···
	Registrar	(Address)	lalles - a	M. D.
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STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school retired from business, report the occupation was that of home business. or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own or at nome. For a woman whose only occupation was that of home housework, write nousewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation. In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the a clerk. mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

CYAMBI E I	ı	EXAMPLE II			
EXAMPLE I  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	causes of importance were as follows.	Date of oaset  1 week ago		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	3 days ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis			
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year		
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN			
		**:			

STATE OF IDAHO 1. DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS PERMANENT RECORD City of__/_ CERTIFICATE OF BIRTH Registration District No. ______State File No._____ Prim. Registration District No. 2400 Local Registrar's No. 22 (If born in hospital or institution give name.) ğ 2. FULL NAME OF CHILD. If plural \ 4. Twin, triplet, or other______6. Premature 4.7. Legiti-8. Date of birth 722an JJ. 1932 (MONTH, DAY, YEAR) 15. Number, in order of birth 2___ births mate? 7 Full term MOTHER 18. Full **FATHER** 9. Full maiden name name / 19. Residence (usual place of abode) (If non-resident, give place and State) Toland. 19da 2 10. Residence (usual place of abode) (If non-resident, give place and State) Moland, SIHI: 20. Color or race White 21. Age at last birthday 2.1 (years) 11. Color or race 2 1. Age at last birthday 34 (years) E RE birth. 22. Birthplace (city or place) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, typist, nurse, clerk, etc. kind of work done, as spinner R. Suction A OCCUPATION 24. Industry or business in which PLAINLY WITH UNFADING 15. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. work was done, as silk mill, sawmill, bank, etc. _____ 25. Date (month and year) last 16. Date (month and year) last 17. Total time (years) 26. Total time (years) spent in this work engaged in this work engaged in this work spent in this work_7 man 22. 1934 ä (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn Before labor Destres 29. Cause of stillbirth Paracles Jugas of vacalities During labor ( months 28. If stillborn. 8. If stillborn, months period of gestation and 7 2010 or weeks CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE I hereby certify that I attended the bisth of this child, who was ALIVE OR STUCIORN) When there was no attending physician ) * or midwife, then the father, householder, WRITE etc., should make this return. Give name added from a supplemental report_____ (DATE OF) Registrar Registrar.

Laurent de la company de la co Cited louder in Sand 2 K 1987 A post of the product Sociol and September Man of least besides of the Color of most control and the best control a The state state of the state of Total or species of the latest the trades of account on artistical [1] most more at the state of the The state of the s lawers office the city of 1997 in ment the day liney at 25 Date bounds and year law The part of the pa Edin alli al access eggs ed to this whet i was the billion of ascentify (5) and reside and (d) A poletification and with the second of - total moisi topulpened with the state of th CHARLES OF MALLE DESCRIPTION OF THE PARTY. The same constitution of the case of the c A thing and the same and the sa CONTRACTOR COLUMN ASSESSMENT AND ASSESSMENT ASSESSMENT

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fery shou of Of		ERTIFICATE O	r death [	State File No	
₽ 8	City of Regis	tration District No	2.7		en de de en
H S H	11	ary Registration Distri		Local Registrar's	No25
A P			•		7 10 10 10 10 10 10 10 10 10 10 10 10 10
	(No	a hospital or institution,	sive its name instead of	of street and number.	200
	II	<b>~</b>	0	4	
RECORD HYSICI, not states	ll				2
	(a) Residence. No(Usual place of abode)		St,	If nonresident give city or	town and state)
F . 8	Length of residence in city or town where deat	h occurred. yrs. mos.	ds. How long in U.	S., if of foreign birth? —	yrs: — mos. — ds.
M M	PERSONAL AND STATISTICAL	PARTICULARS	MEDIC	AL CERTIFICATE OF DI	EATH
	3.SEX 4. COLOR OF RACE   5. S	ingle, Married, Widowed.		3	
	Frank 2 1 th or D	ivorced (write the word)		(month_day, and year) ERTIFY, That I attended	7-2 1984
	THE THE				deceased from
	5a. If maried, widowed, or divorced HUSBAND of		I last saw bar affice	au the ale	193
	(or) WIFE of	)			198 death is said
at a series	6. DATE OF BIRTH (month, day, and year)	722m 72-1934		the date stated above, at, of death and related caus	
FOR B S IS A be state proper ifficate		Days If LESS than	were as follows:		Date of onset
d b d b d b d b d b d b d b d b d b d b		1 day, hrs.	Durange	freght of	
	It a Physica manufacture on manufacture	or, min.	- malha	- Jan 13	
	8. Trade, profession, or particular kind of work done, as spinner,				
	kind of work done, as spinner,  sawyer, bookeeper, etc.  like the sawyer of the sawyer				
SE IN IN ICE In it	work was done, as silk mill,				
RES NG NG Libat	O	-1 44 ()	Other contributory	causes of importance:	
		al time (years)	Verz-	nations	
	year) o	cupation			
ARGIN 1 NFADIN supplied. rms, so tl	12. BIRTHPLACE (city or town) (State or country)	and, Odoha			
	11				
e p H H	13. NAME And Land 14. BIRTHPLACE (city or town) 7.0	ao_	Name of operation	Inspection of &	Date of
E fi ii s	14. BIRTHPLACE (city or town)	nna	What test confirmed d	iagnosis? Was	there an autopsy? 130
<b>₩</b> # #	(Black of country)	acce-		exter Icauses (violence) fill	
AINLY, vould be control be control be control be control be control be control by the control beautiful by the control by the control beautiful by the control by	15. MAIDEN NAME Office  16. BIRTHPLACE (city or town)  (State or country)	whit	Accident, suicide, or h	omicide? Dat	e of injury, 193
INLY ald b ATH	16. BIRTHPLACE (city or town)		Where did injury oc	cur? (Specify city or town cou	ntr and State)
	(State or country)	zzzzzy			
LAI shou DE,	17. INFORMENT FASTER OF	ild &		ry occurred in industry i	n nome, orm public
	(Address)		place		······································
E P ion OF	18. BURIAL, CREMATION, OR REMOVAL	<b>,</b>	Manner of injury		
E E E E	Place Rad amand, Tola 1	Date Many 2.3, 193 4			
VRI USJ	19. UNDERTAKER 7074	*		ry in any way related to occ	cupation of deceased?
-WR] inform CAUS TION	(Address)		If so, specify.	119	······
e e	20. FILED May W, 193 L	Burny	(Signed)	1000	, м. D.
<del>,</del>		Registrar.	(Address)	my	
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

RECEIMED IIIN 19 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE 222198 County of ... BUREAU OF VITAL STATISTICS City of____ CERTIFICATE OF BIRTH 123 State File No. Registration District No..... (If born in hospital or institution Local Registrar's No. 53 2201 Prim. Registration District No ... give name.) ø 11an z g 2. FULL NAME OF CHILD_ PERMANENT RECORD. ch, and the number of each, If plural (4. Twin, triplet, or other_____ 8. Date of 6. Premature____7. Legiti-3. Sex hirth MA births 5. Number, in order of birth____ Full term.... mate?_ MOTHER 9. Full FATHER 18. Full maiden name name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and state) 11. Color or race_____ 12. Age at last birthday_2 20. Color or race_____21. Age at last birthday. 22. Birthplace (city or place) — (State or country) 13. Birthplace (city or place) _____(State or country) Z Š 23. Trade, profession, or particular kind 14. Trade, profession, or particular ខ្ម of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc.____ sawver, bookkeeper, etc. ____ 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawver's office, silk mill, etc. sawmill, bank, etc. 25. Date (month and year) last must 16. Date (month and year) last 17. Total time (years) engaged in this work 26. Total time (years) engaged in this work spent in this work spent in this work RETURN WITH UNFADIO a Separate Retus 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2...(b) Born alive but now dead 7...(c) Stillborn 7... Before labor .... 28. If stillborn. months co-weeks 29. Cause of stillbirth During labor___ period of gestation___ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE m. on the date above stated. I hereby certify that I attended the birth of this child, who was -(BONN ALIVE OR STIL When there was no attending physician ) or midwife, then the father, householder, (Signed) __ etc., should make this return. Midwife Give name added from a supplemental report_____ Address (DATE OF) Registrar.



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STATE OF IDAHO PLACE OF/DEA DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE itatement BUREAU OF VITAL STATISTICS County of. OF DEATH State File No..... Registration District No...... CORD. E. PHYSICIA Primary Registration District No. 220 Local Registrar's No .... (If death occurred in a pospital of institution, give its hame instead of street and number) 2. FULL NAME... (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SE 4. Color or Race | 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) 1983 ed or Divorced (write the 22 I HEREBY CERTIFY, That I attended decembed from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of I last saw halive on 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at The principal cause of death and related causes of impor- AGE Years Months Days If LESS than Date of onset 1 day ... hrs. . min. 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc .... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ...... occupation ..... mportant 12. BIRTHPLACE (city or town (State or country 13. NAME Name of operation...... Date of....... 14. BIRTHPLACE (cht/ or town) What test confirmed diagnosis?.... Was there an autopsy?... (State or country) DE 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. Ŀ 16. BIRTHPLACE (city or town) Ē Where did injury occur?.... (State or country (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) public place. ..... WRITE 18. BURIAL, CREMA Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to eccupation 19. UNDERTAKER of deceased? .. (Address) (Signed) ... 20. FILED

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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			-
Other CONTRIBUTORY CAUSES of importance:		Other contributory causes of importance:	
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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

PLACE OF MICH. STATE OF LDARO County of SHOSHONE DEPARTMENT OF PUBLIC WELFARE BURBAU OF VITAL STATISTICS CAL City of KELLOGG CERTIFICATE OF BIRTH No..... NONE 123 Registration District No. State File No._ (If born in hospital or institution give name.) Prim. Registration District No. 2 20/ Local Registrar's No. 60 2. FULL NAME OF CHILD AARY SMITH N. 18. 7. Legiti-[f plural 4. Twin, triplet, or other........... 6. Premature... 8. Date May 13, 3. Sex births MALE mete? YES 5. Number, in order of birth..... Full term RECORD. 9. Full FATHER 18. Full MOTHER name maiden LAWRENCE WESLEY SMITH name LOUISE ELSIE HALE 10. Residence (usual place of abode) 19. Residence (usual place of shode) PERMANENT each, and the (If non-resident, give place and State)....KELIOGG. 13. Birthplace (city or place) PRUMMER IDAHO (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper. For A typist, nurse, clerk, etc. 24. Industry or business in which must be made work was done, as own home, lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work 26. Total time (years) spent PRESENT. 19 in this work. 19..... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ARGTROL 10 WITH UNFADING SOPRITE S 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. O. (b) Born alive but now dead. O. (c) Stillborn 1. or wooks 30. Cause of stillbirth Bout Xue Before labor..... 29. If stillborn. During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MINWIFE Stillborn 1.5:30 Am Mine date above stated. I hereby certify that I attended the birth of this child, who was TE PLAINLY child at birth When there was no attending physician ! or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... Address Kellogg Idaho O Filed... Registrar.

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Ima al lies 13 Heartener twint place of white . W. construction with the TED DIS NO 19 OAA \$22 BE TON 10 TO Histopiaco (city or color) . The THE THIRD AND A SHARE OF THINK WHOLE Trees The American Section of the Se THE ME ALL STATE STATE OF THE SECOND STATE OF THE PERSONNEL SOLVE the Linds of beating the which THE REPORT OF THE PARTY OF THE BEERG TWO WELLSHIP RESERVED The state of the party the person of the said with the than coold read sead in the council and their a second area of the council of the state of the s and promined and agree which the promative beautiful beautiful and bridget. CONTROL AND ACCURACION FOR THE PART OF A CONTROL OF THE PART OF TH the extension of the district of the property of the continues are the CARTERON BUILDING SERVICE TO A SERVICE AND ASSESSMENT OF THE PARTY OF The state of the same and the same The street will be the sale of

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should state occu-Every item of STATE OF IDAHO ARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS County of. 89594 CERTIFICATE OF DEATH State File No ... statement Registration District No..... PHYSICIANS Primary Registration District No. 2.2.01 Local Registrar's No. RECORD. (No. ..... (If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME..... Residence. No..... (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. (Usual place of abode) Length of residence in city or town where death occurred. EXACTLY ssified. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3.SEX 5. Single, Married, Widowed. 4. COLOR OR RACE 21. DATE OF DEATH (month day, and year) or Divorced (write the word) HEREBY CERTIFY, That I attended deceased from **3** . 193 **4**, to ....., 193 .... 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of to have occurred on the date stated above, at 5 6. DATE OF BIRTH (month, day, and year) The puincipal cause of death and related causes of importance If LESS than were as follows: 7. AGE Years Months Days Date of onser 1 day, ..... hrs. should or ... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc..... OCCUPATION 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... inetruction Other contributory causes of importance: 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this Vear) ination 12. BIRTHPLACE (city or town (State or country) FATHER carefully 13. NAME Name of operation Date of ant. What test confirmed diagnosis? ...... Was there an autopsy? 14. BIRTHPLACE (city or tow (State or country) 23. If death was due to exter leauses (violence) all in also the following: import MOTHER Accident, suicide, or homicide?...... Date of injury......, 193 15. MAIDEN NAME Where did injury occur?. ccur?......(Specify city or town, county, and State) 16. BIRTHPLACE (city or town)..... information should (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) Manner of injury 18. BURIAL. PATION Nature of injury 24. Was disease or injury in any way related to occupation of decease 17 19. UNDERTAKEI (Address) ..... If so, specify... (Signed). Registrar. (Address

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related The PRINCIPAL CAUSE OF DEATH and related Date of onset Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5. 1927 Peritonitis 3 daus ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 year ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF BORTE No. Link OR PUBLIC WILLIAM County of SHOSHONE In case of more the norder of the contract of DEPARTME BURBAU OF VITAL STATISTICS City of EELDOGG CERTIFICATE OF BIRTS ROSS MATERIALTY Registration District No. /2-3 State File No. (If born in hospital or institution give name.) Prim. Registration District No. 2.20 | Local Registrar's No. 2. FULL NAME OF CHILD DARY PRICESON N. B.-7. Legiti-(f plura) 4. Twin, triplet, or other........... 8. Premature... 8. Date of 3. SAT births birth Max BOT 5. Number, in order of birth.... RECORD. Full term. X mate?.Y 9. Full FATHER 18. Full MOTHER name maiden George Erickson name Constance Johnson 10. Residence (usual place of abotte) 19. Residence (usual place of shode) (If non-resident, give place and State) Pritchard (If non-resident, give place and State Titchard PERMANENT each, and the 11. Color or race...Wa... | 12. Age at last birthday....22 years) 13. Birthplace (city or place) Canada 22. Birthplace (city or place) Oregon (State or country) (State or country) 23. Trade. profession. or particular kind 14. Trade, profession, or particular kind of work done, as spinner, of work done, as housekeeper. S A ST sawyer, bookkeeper, etc Forest Ranger typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which made work was done, as silk mill, work was done, as own home. lawyer's office, silk mill, etc. sawmill, bank, etc. Pritchard 25. Date (month and year) 26. Total time (years) spent 2 Date (month and year) last engaged in this work 17. Total time (years) spent must Present 19..... in this work in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10% WITH UNFADING Separate Beturn 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living...(b) Born alive but now dead....(c) Stillborn.... Before labor..... months 29. If stillborn. or weeks 30. Cause of stillbirth. period of gestation..... During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who vastillborn at 1.30m. Post the date above stated. DATA Darth When there was no attending physician ! (Signed) ..... or midwife, then the father, householder, etc. should make this return. Give name added from Address Kellogg Idaho a supplemental report..... cbil Filed..... Registrar.

the Renderer (many discrete another) The state of the s I have constructed the said at a 22 Outhplace to be the party of the Control of the Being Bage in exchange about the to the production of product of both were well done in long the terms device parket decet the leading of domainer by tradition to and the second of the second while doub now agree an duch son stor THE THIR ME TAYSET'S O'THE MILE THILL SEE! termination and many many many many many the legical property of the present Commence and the first of the commence of the must be seen being a seen were as party of the seen after the seen of the seen eglato and galled but this Art A CONTRACT OF THE PARTY OF THE Lines were the standard id to rear see but the standard i TOTAL CARPOR The state of the second of the state of the THE WOOD STATE CHARLES THE RESIDENCE OF THE STATE OF THE ST en den grine opp et general ge the first of the course design tribution of the new or wildleston of the land or reflected the talker, trustlender, reading the color thousand the orn sales added from PERSONAL TRANSPORTATION OF

UN 12 1934 STATE OF IDAHO PLACE OF DEATH DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE RECORD. Every item statement BUREAU OF VITAL STATISTICS County of. CERTIFICATE OF DEATH State File No..... Registration District No..... Primary Registration District No. 2201 Local Registrar's No. (No. (If death occurred in a hospital oranstitution give its name instead of street and number) 2. FULL NAME ... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs, mos, ds. How long in U. S., if of foreign birth? yrs, mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color 🔊 Race | 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) 193 ed or Divorced (write the I HEREBY GERTIFY, That I attended deceased from 5a. If married, widowed, or divorced 2 7th 1937, to ....., 193.... HUSBAND of (or) WIFE of I last saw h....alive on ........., 193...: death is said 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at .......m. 727, 1934 V LESS than The principal cause of death and related causes of impor-7. AGE Years Monthe Days tance were as follows: Date of onset 1 day,... hrs. or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation ..... 12. BIRTHPLACE (city or town). (State or country) 13. NAME Name of operation...... Date of...... 14. BIRTHPLACE (city or 14 What test confirmed diagnosis?.... Was there an autopsy?... (State or country) DE 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. Ĺ 16. BIRTHPLACE (city or town) Where did injury occur?.... Ō (State or count (Specify city or town, county, and state) ATIO Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) public place. ..... WRITE 18. BURIAL, CREA Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation 19 UNDERTAKEF of deceased?.... (Address) (Signed) Registrar.

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

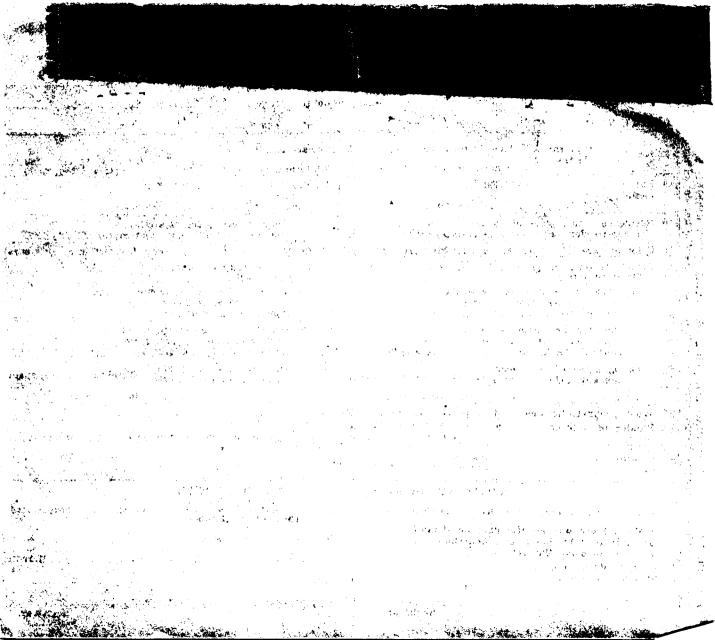
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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EXAMPLE I		EXAMPLE II	•
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Dute of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	

			OF BIE	UN	er Voy	AAS OF BEET STATES
		of the				PORTAL OF STREET PROPERTY CECONI
	1	Das				
					Dist	n District No. 2201 Local Registrar's No. 64
In or	2.	FULL NAM	CB OF CH		30	by Day Muray
N. 89	3.	sex Male	If plural births	4. Twin, triplet or other		emiture 7. Legiti- 8. Date of ay 5, 100 4
PERMANKYT RECORD. sach, and the number of	9.	Full name	urren	FATHER William N.		8. Full MOTHER maiden name Brown Masky
NT R	10.			ce of abode) e place and State) fmillipull	. 19	9. Residence (usual place of abode) (If non-resident, give place and State)
E C	11.	Color or re	ice W	12. Age at last birthday. 4.4 (year	8) 20	0. Color or race. (W   21. Age at last birthday. 3. 5 (years)
H. a	13. Birthplace (city or place) Lauthart, M. D. (State or country)				22	2. Birthplace (city or place) Jeshane, Wm.
S A PER for each,	N	kind	of work	on, or particular done, as spinner, eper, etc	N.C	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
THIS IS e made fo	UPATION	15. Indus work	stry or be was dor	usiness in which lee, as silk mill, Laliene.	CUPATION	lawyer's office, silk mill, etc.
must be	000			nd year) this work 17. Total time (years) spec	nt 8	25. Date (month and year) last engaged in this work 26. Total time (years) spent
	27		hylactic w			atorum? in this work
UNFADING ate Return	28. Number of children of this mother (At time of this birth and including this child)  (a) Born alive and now living2(b) Born alive but now dead3(c) Stillborn.				nd including this child)	
Separate B	29. If stillborn, period of gestation or weeks 30. Cause of stillbird					th
L de				CERTIFICATE OF ATTENDI		
8		I hereby co	ertify that	I attended the birth of this child	, who	o was Stillbarn, at 2:43 km. on the date above stated.
PLAINLY 1 at birth	{	or midwife etc., should	, then the l make thi	194mer, nonsemerater,	Signer	Haroed ( Audiroon, Midwire
		e name add upplementa			ddres	ss
RITE ne chi				(Date of)		June 1 1924 From Foliando Paris
WE !	1			Registrar	/	



M. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAEL should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED IIIN 12 18 STATE OF IDA	NHO.
PLACE OF DEATH DEPARTMENT OF PUBL	IC WELFARE DO NOT WRITE IN THIS SPACE
county of the CED TICK ATE O	0769
City of Smotlewill CERTIFICATE O	F DEATH   State File No
Registration District No	123
Primary Registration District	No. 2204. Local Registrar's No. 25
(If death occurred in a hospital or institution, give 2. FULL NAME Saly Murray	e its name instead of street and number)
(a) Residence. No. 113 Still SS	See Ite usel
(Usual place of abode)	(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign blith? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widow-ed or Divorced (write the word)	21. DATE OF DEATH (month, day and year) 193
Male White World Dally 5a. If married, widowed, or divorced	22 I HEREBY CERTIFY, That I attended deceased from
HUSBAND of (or) WIFE of	May S., 193.4., to Marry J., 198.4.
6. DATE OF BIRTH (month, day, and year)	I last saw h slive on
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at Z m. The principal cause of death and related causes of impor-
1 day, hrs.	tance were as follows: Date of enset
8. Trade, profession, or particular	Disto is
kind of work done, as spinner, sawyer, bookkeeper, etc.	0 1 0
9. Industry or business in which work was done, as silk mill,	Dreek resentation
kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc  10. Date deceased last work ed at this occupation spent in this	Other contributory causes of importance:
(mo. and yr.) occupation	
12. BIRTHPLACE (city or town) If Color of the Color of th	
18. NAME IV, Murray	
14. BIRTHPLACE (city or town Southart	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to exter'l causes (violence) fill in also
16. MAIDEN NAME Hary Grawn	the following: Accident, suicide, or homicide? Date of injury, 193.
16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT AMMUNIAY (Address)	Specify whether injury occurred in industry, in home, or in public place.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place. J. Cellony, Ida. Date May 5, 1934	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to eccupation of deceased? If so specify
20. FILED Line 1. 1984. Min John In Brus	(Signed) farce ( Curdenson & D
Registrar.	(Address)

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who has no occupation whatever write none.

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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Castroenteritis	1 year
			1
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

STATE OF EDAHO PLACE OF BIRTH N. B.—In case of more than each, in order of birth stated. County of Twin Falls DEPARTMENT OF PUBLIC WELFARE City of Hansen BUREAU OF VITAL STATISTICS CERTIFICATE OF RIRTH No. 8t. 438-131-042-55-6 37 Registration District No. State File Mc (If born in hospital or institu-Prim. Registration District No. 2085 Local Registrar's No. 23 tion give name.) 2. FULL NAME OF CHILD Baby boy McQuarrie 8. Date of (f plural 3. Sex births 5. Number, in order of birth..... number of Full term..... Male MOTHER FATHER 18. Full 9. Full maiden Letha Newbold name Robert C. McQuarrie name Hansen. Ida. 10. Residence (usual place of abode) Hansen, Idahd 19. Residence (usual place of abode) PERMANENT (If non-resident, give place and State)..... (If non-resident, give place and State)..... 11. Color or race. W 12. Age at last birthday. 24 years) 22. Birthplace (city or place) Preston, Idaho 13. Birthplace (city or place) Hyde Park. Utah (State or country) (State or country) each, 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, Farmer of work done, as housekeeper, Housewife for typist, nurse, clerk, etc. OCCUPATION 24. Industry or business in which must be made work was done, as own home, lawyer's office, silk mill, etc. Date (month and year) last engaged in this work
 Total time (years) spent ....., 19...... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? none UNFADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead......(c) Stillborn..... or weeks 30. Cause of stillbirthIntra-uterine asphy | Before labor Vas 29. If stillborn, period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who astillborn of 9P.m. on the date above stated. When there was no attending physician / Yalley M. D. or midwife, then the father, householder, etc., should make this return. Give name added from chil Registrar.

OF THE PARTY OF TABLE TABLE OF BLATE. Alberta Library Anna Control of the The state of the s the plant of the star production of collect to the state of the start and to have a father of the same of the sa The state of the s in it william to be a second to the second THE ME WAS THE WAY AND THE TANK OF THE TAN WOUNDER HOLE ALL THE WAY OF Ample of the state the subsection in enterior of the F to Trail profession or parking A ANT WILL SOFT A STATE OF THE STA Ment tourists to relieve to the stance or backers in which The same of the same The same of the sa of their Laure a sept sor There was noticed to be really the party of The second of the same of the second of the The control of the state of the AND STATE AND THE PART HAS TAKE WHEN THE BEST SAILS THEN THE TAKE BENEFIT IN THE PRINCE OF THE PROPERTY AND INC. PROPERTY. the man with the first the state of the stat manufacture of the state of the (30 meg)

STATE OF IDAHO OCCO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE PLACE OF DEATH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No..... Local Registrar's No... Primary Registration District No. PHYSICIAN RECORD. (No. (If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME..... Residence. No..... (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. (Usual place of abode) PERMANENT Length of residence in city or town where death occurred. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, or Divorced (write the word) 3.SEX 4. COLOR OR RACE 21. DATE OF DEATH (month day, and year) May I HEREBY CERTIFY, That I attended deceased from....... 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of to have occurred on the date stated above, at. 6. DATE OF BIRTH (month, day, and year) Mar, 31-The principal cause of death and related causes of importance were as follows: If LESS than 7. AGE Years Months Days 1 day ......hrs. min. 8. Trade, profession, or particular kind of work done, as epinner, sawyer, bookeeper, etc .... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... Other contributory causes of importance: 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation..... vear) 12. BIRTHPLACE (city or town) (State or country) FATHER Name of operation... 13. NAME ..... Date of ..... What test confirmed diagnosis Charles Was there an autopsy? important. 14. BIRTHPLACE (city or town) (State or country) 23. If death was due to exter leauses (violence) all in also the following: 15. MAIDEN NAME Where did injury occur? 16. BIRTHPLACE (city or town) (Specify city or town county, and State) (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) C Manner of injury 18. BURIAL, GREMATI Nature of injury 24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Trum Falls BUREAU OF VITAL STATISTICS City of Eil RECORD CERTIFICATE OF BIRTH Registration District No. State File No. ..... (If born in hospital or institu-Prin. Registration District No. 2 1 J. Local Registrar's No. 23 tion give name.) 2. FULL NAME OF CHILD. made 7. Legiti-4. Twin. triplet. or other...................................6. Premature... 8. Date of [f plural 3. 80x/204 hirth birtha 5. Number, in order of birth..... Full term. mete? 18. Full MOTHER FATHER 9. Full maiden name E P Gelton Bardsly Magdaline name RETURN state 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 20. Color or race La Lea Lea L. Age at last birthday .. Z. (year 11. Color or race(a) 12. Age at last birthday...... (years) 22. Birthplace (city or place) Processor (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper. kind of work done, as spinner, UPATION sawyer, bookkeeper, etc typist, nurse, clerk, etc. 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc. . sawmill. bank, etc..... last engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work 26. Total time (years) spent 16. Date (month and year) in this work..... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Series Sitza 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2. (b) Born alive but now dead .....(c) Stillborn. Before labora months or weeks 30. Cause of stillbirth 29. If stillborn. During labor..... period of gestation ..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was n, on the date above stated. When there was no attending physician ) (Signed) .. or midwife, then the father, householder, etc., should make this return. Give name added from Address Filed..... Registrar.

	STATE OF ID			
BU BU	RTMENT OF PUB REAU OF VITAL S		DO NOT WRITE 1915	PACE
County of / 100 1011	RTIFICATE O		State File No	
City of aff Latt	ation District No			
	y Registration Distri		Local Registrar's No	108
(No	D	<i>9</i>	`	
and an occurred in a	hose the or institution,	give its name instead o	of street and number.)	
2. FULL NAME	Tiles 1	~~	- 200	, Kes
(a) Residence. No(Usual place of abode) Length of residence in city or town where death of	occurred. yrs. mos.	ds. How long in U.	If nonresident give city or to S., if of foreign birth?	
PERSONAL AND STATISTICAL PA	RTICULARS	MEDIC	AL CERTIFICATE OF DEAT	Н
3.SEX 4. COLOR OR RACE 5. Sing or Dive	gle, Married, Widowed,	21. DATE OF DEATH	(month day, and year)	193 e
Male while	myle-	22. I HEREBY	ER'IIFY, That I attended de	ceased front
5a. If maried, widowed, or divorced HUSBAND of		still 6	193 4, to	, 198
(or) WIFE of	11 0	I last saw h	on, 193	: death is sai
6. DATE OF BIRTH (month, day, and year)	May 20/34		of death and related causes	of importance
7. AGE Years Months Da	iys If LESS than 1 day,hrs.	Muleter	ained.	Date of ons
8. Trade, profession, or particular	or min.	Stad bee	u dead	
kind of work done, as spinner, sawyer, bookeeper, etc	tell Join	several	dajs	
9. Industry or business in which work was done, as silk mill,			······································	
saw mill, bank etc	time (years)	Other contributory	causes of importance:	
this occupation (month and spen	tine (years)			
12. BIRTHPLACE (city or town)				
(State or country)	1000			
13. NAME Dard  14. BIRTHPLACE (city or town)	Sley		D	
14. BIRTHPLACE (city or town)	Me.		iagnosis? Was the	
	bon		exterIcauses (violence) all in a omicide? Date of	-
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	1	3375 31.3 44		
16. BIRTHPLACE (city or town)	broska	1	Specify city or town county ry occurred in industry in h	,
17. INFORMENT // M 201	esley		y occurred in industry. In a	-
(Address)	The same of the sa			
18. BURIAL, CREMATION, OF REMOVAL Place Day	Jan 1937	Nature of injury		
19. UNDERTAKER JE WAS	e-	-	ry in any way related to occupa	ation of deceased
(Address) In fac	Was m	(Signed)	Lo. D. Wear	eV .
20. FILED May 31, 1934 GLOSS	Halley 11. A	(Address)	Twm Fa	lle ,
	2.78			

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

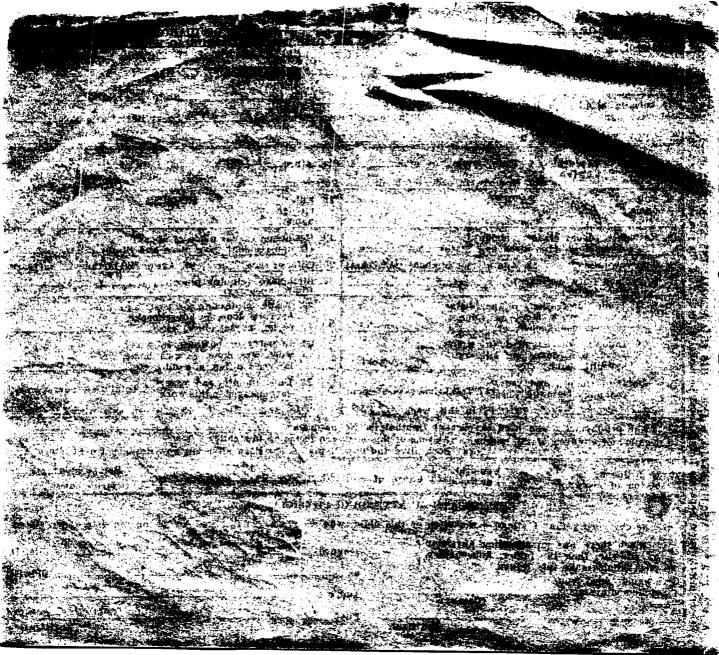
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

[	EXAMPLE II		
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year	
FOR FURTH	ER STATEMENTS BY PHYSICIAN		
	1915 1921 July 5, 1927 May 1, 1923	Date of onset  1915  1921  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis  Other CONTRIBUTORY CAUSES of importance:	

819-213-001-917 PLACE OF BIRTH OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of., BURRAU OF VITAL STATISTICS City of In case of mor CERTIFICATE OF BIRTH Registration District No. State Mile No. (If born in hospital or institution) tion give name.) Prim. Registration District No. Local Registrarie No.O 2. FULL NAME OF CHILD X. B. [f plural 4. Twin, triplet, or other ........ 6. Premature. 7. Legiti-8. Date of S. Sax birthe birth number of 5. Number, in order of birth..... Full term.... mate 9. Full FATHER 18. Full MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) PERMANENT each, and the (If non-resident, give place and State) (If non-resident, give place and State) State Idea 11. Color or race 2 | 12. Age at last birthday years 20. Color or race | 21. Age at last birthday 26 (years) 13. Birthplace (city or place)......x 22. Birthplace (city or place)..... (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, of work done, as housekeeper. CUPATION typist. nurse, clerk, etc. OCCUPATION sawyer, bookkeeper, etc 15. Industry or business in which 24. Industry or business in which made work was done, as silk mill, work was done, as own home. lawyer's office, silk mill, etc. sawmill. bank. etc..... 25. Date (month and year) 26. Total time (years) spent þ 16. Date (month and year) last engaged in this work 17. Total time (years) spent Ä must at merent 1934 present 1934 in this work. 2.22 in this work. WITH UNFADING & Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living.........(b) Born alive but now dead. .....(c) Stillborn.A Before labor. L months 29. If stillborn, or weeks 30. Cause of stillbirth period of gestation During labor..... CERTIFICATE OF ATTENDING PHYSICIAL 3.3.m. on the date appre stated. I hereby certify that I attended the birth of this child, who was æ INI.Y birth When there was no attending physician / (Signed) or midwife, then the father, householder, PLA Set etc., should make this return. ... Midwife Give name added from a supplemental report..... chil Address Filed.... Registrar. Rogistrar.



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PLACE OF DE	ATH	DEPARTME	TATE OF ID. NT OF PUBI	IC WELFARE	DO NOT WRITE IN THE	IN METACE
County of		BUREAU	OF VITAL	STATISTICS	. 83	216
City of Boise	)	CERTIFI	CATE O	F DĚATH	State File No	******************************
ner .		Registration Di	istrict No	2		<del></del>
•				No. 1064	Loos Doctobrode No	171
	•	(No. St	Lukes F	Ognital	Local Registrar's No	
(If dear	th occurred in	n a hospital or	institution, giv	e its name instead (	of street and number)	$\Lambda \setminus \rho$
2. FULL NAME		Baby Hai	nes	**4==*********************************		$\mathcal{V}^{0}$
(a) Residence.	No				_{st} Star	
t Usuai biace	Of abode)			/	ident give city or town and n U.S., if of foreign blirth?	l state)
PERSONAL AN						
		5. Single, Mar		MEDICA	L CERTIFICATE OF DEAT	rh
_		ed or Divorce word)	ed (write the	21. DATE OF DEA	TH (month, day and year)	6-13 19
5a. If married, widow	<b>T</b> •	1 '	S.	22 I HEREBY CI	ERTIFY, That I attended of	leceased fro
HUSBAND of (or) WIFE of	veu, or divo	rcea		June 13	., 193.7 to	3, 193.7
6. DATE OF BIRTH	(month, day	, and year)		I last saw hal	ive on	death is sa
June 1	3th, 19	9 <u>34</u>		ll .	on the date stated above, a	
7. AGE Years	Months	Days	If LESS than	The principal cause	e of death and related cau	Date of ena
			1 day, hrs. or min.	1. 8-1		Date or 452
8. Trade, profession kind of work	on, or particu	ılar		sull	von.	
sawyer, bookke	eper, etc				***********	
9. Industry or bus work was done	. as silk mil	1.				
saw mill, bank 10. Date deceased	last work.	11. Total time	(vears)			
ed at this (mo. and yr.).	occupation	spent in this	8	Other contribute	ory causes of importance;	
	<del></del>		··			
12. BIRTHPLACE (c	ity or town) ntry)	Rorse	r''' Toru	<b>.</b>		
E 13. NAME	. W. He	dman		<b> </b>		
		MA		Name of operation	n D	ate of
14. BIRTHPLACE (State or c		wn)	· · · · · · · · · · · · · · · · · · ·	What test confirms	ed diagnosis? Was phere	an autopsy?
H 15. MAIDEN NAM	E Orpha	a Ragsdal	.e	23. If death was d	lue to exter'l causes (violene	oe) fill in ai
16. BIRTHPLACE		Star	Idaho		or homicide? Date of	injury, 19
(State or c	ountry)	wii)	· · · · · · · · · · · · · · · · · · ·		occur?	and state)
17. INFORMANT	J. •	W. Haine	<b>.s</b>	li	njury occurred in industry,	
(Address) 18. BURIAL, CREMA	TION OP P	Ster Id	<u>ah o ——</u>	11	• • • • • • • • • • • • • • • • • • • •	
Place	Star		-14- 4	<b>#</b>	• • • • • • • • • • • • • • • • • • • •	
10 773777777					r injury in any way related	
19. UNDERTAKER (Address)	W. McBr	atney. E	0130.	of deceased?	If so specify.	<i>D</i>
20. FILED 6. 7.4.4.	-, 193.4.	W.H.K	Kode	(Signed)	er or on	· · · · · ·
			Registrar.	(Address)		

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STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Ouestion 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II			
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Dute of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:			
Gallstones	May 1, 1923	Gastroenteritis	1 year		
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	· · · · · · · · · · · · · · · · · · ·		

413-101-001-31 L PLACE CONTENT DEPARTMENT OF PUBLIC WELFARE & COST County of LA BURBAU OF VITAL STATISTICS N. B.—In case of more City of Change CERTIFICATE OF BIRTH Not noutling about that Bt Registration District No. ..... ...State File No. ..... Prim. Registration District No. 22. (If born in hospital or institu-Local Resistrar tion give name.) 2. FULL NAME OF CHILD ... 8. Date of [f plural 3. Sex births 5. Number, in order of birth..... Full term..... mete?.M RECORD. MOTHER 9. Full FATHER 18. Full maiden name malhass name . 9 K. Leonard Residence (usual place of abode) (If non-resident, give place and State) 19. Residence (usual place of shode) 10. Residence (usual place of abode) 7 January School F. Sept (If non-resident, give place and State)..... 20. Color or race....... | 21. Age at last birthday .. 2. (years) 11. Color or race 12. | 12. Age at last birthday. 4. Tyears PERMANE each, and 13. Birthplace (city or place) Lao 22. Birthplace (city or place) (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper. Utypist, nurse, clerk, etc. kind of work done, as spinner, sawyer, bookkeeper, etc TION 24. Industry or business in which 15. Industry or business in which made work was done, as silk mill, work was done, as own home. lawyer's office, silk mill, etc. sawmill, bank, etc..... 25. Date (month and year) 26. Total time (years) spent ě 16. Date (month and year) last engaged in this work 17. Total time (years) spent INE , 19 in this work in this work in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING S Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. (b) Born alive but now deed. Z... (c) Stillborn ..... Before labor..... months or weeks 30. Cause of stillbirth.... 29. If stillborn, During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was in the late above stated. (Hora Alive or Stillhorn) When there was no attending physician ! or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... Address Filed... Registrar. Registrar.

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months by manufactors of the property and the

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B...WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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MEN INVEDIGUE 5 1	
PLACE OF DEATH  DEPARTMENT OF PUBL  BUREAU OF VITAL	IC WELFARE DO NOT WRITE IN THIS SPACE STATISTICS
City of Boxes CERTIFICATE O	F DEATH   State File No
Registration District No	
Primary Registration District	No 2004 Local Registrar's No. 62
(No. Frankli	n school bleck,
(If death occurred in a hospitator institution, gi	ve its name instead of street and number)
2. FULL NAME 6 Mo. foetus	l D. t
(a) Residence. No	(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs.	mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. Color or Race 5. Single, Married, Widow.	MEDICAL CERTIFICATE OF DEATH
ed or Divorced (write the word)	21. DATE OF DEATH (month. day and year) ( ~ / 193
5a. If married, widowed, or divorced	21) I HEREBY CHRTIFY, That I attended deceased from
HUSBAND of (or) WIFE of	Jule 193.7., to Jule 198.7.
6. DATE OF BIRTH (month, day, and year)	I last saw hamalive on MCL 193 death is said to have occurred on the date stated above, at
7. AGE Years Months Days If LESS than	The principal cause of death and related causes of impor-
1 day, hrs. or min.	tance were as follows:
8. Trade, profession, or particular kind of work done, as spinner,	Tremolere bill
sawyer, bookkeeper, etc	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Co mount poecus)
Unit of the deceased last work. 11. Total time (years) ed at this occupation spent in this	
(mo. and yr.) occupation	Other contributory causes of importance:
12. BIRTHPLACE (city or town). Bough.	
(State or country) Slake	unRum
13. NAME / . A Calpast	Name of operation Date of
2 14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Flady, Well Loon	23. If death was due to exter'l causes (violence) fill in also the following:
16. BIRTHPLACE (city or town). Jansala	Accident, suicide, or homicide? Date of injury, 193.  Where did injury occur?
(State or country)	(Specify city or town, county, and state)
17. INFORMANT Boise Idaho	Specify whether injury occurred in industry, in home, or in public place.
18. BURIAL, CREMATION OR REMOVAL Morris Hill Date 6/3 , 1934	Manner of injury
Schreiber & McCann	Nature of injury 1. 24. Was disease or injury in any way related to occupation
19. UNDERTAKER (Address) Bolse Idaho	of deceased? If so, specify
20. FILED 6 - 30,1984 W. W. 1980	(Address)
Registrar.	(Address)

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose on cocupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EVAMBLE I

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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DARINI DE 1		EXAMPLE II			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year		
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN			
		# 4 P P P P P P P P P P P P P P P P P P	************		
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` '5 d	1. 4 PLACY OF BIRTHRECEIVED IUL 1	STATE OF IDAHO
case of more than rder of birth stated	County of Bannack	いってんれいは はいていり ひかいしゅうけんじ ・ ヤコピル・ステラ・フ・ブ・ブ・ブ・ブ・ブ・ブ・ブ・ブ・ブ・ブ・ブ・ブ・ブ・ブ・ブ・ブ・ブ・ブ・
b st	City of Pocatello -	
E T	Ne t Anthony st. Mercy Hospital	CERTIFICATE OF BIRTH
50	Registration	District No. State File No.
ler Jer	(If born in hospital or institu- tion give name.) Prim. Registr.	stion District No. 216/ Local Registrar's No. 238
n o		all
ŢĘ	2. FULL HARE OF CHIEB	
N. B	3. Sex [f plural ] 4. Twin, triplet, or other	7. Legiti- 8. Date of /II/34/188
~ #	Female births 5. Number, in order of birth	Full term * mate? Yes birth O/ 11/0 %/ 188
RECORD.	9. Full FATHER	18. Full MOTHER
S S	name George Albert Wall	name Tessie May Miller
四四	10 Residence (usual place of shode)	19 Residence (nevel place of chate) Mackey, Idaho
2,8	(If non-resident, give place and State) MR.CKRY	119 (If non-resident, give place and State) DOX DI
N TO	11. Color or race.W   12. Age at last birthday26(years)	20. Color or raceW   21. Age at last birthday 23(years)
A a	13. Birthplace (city or place) Wallberg, Utah (State or country)	22. Birthplace (city or place). Blackfoot, Idaho (State or country)
PERMANENT each, and the	14. Trade, profession, or particular	23. Trade, profession, or particular kind
_	kind of work done, as spinner sawyer, bookkeeper, etcTruck Drive	of work done, as housekeeper, H.W.
IS A	sawyer, bookkeeper, etc Truck Drive	24. Industry or business in which
HIS I	I≪   work was done, as ailk mill.	NA WOLK WAS GOMO, AN AWA HUMM.
H	sawmill, bank, etc. Standard. O11	1123 OF Trade (manuals and manual)
F B	16. Date (month and year) last engaged in this work 17. Total time (years) spent	25. Date (month and year) last engaged in this work 26. Total time (years) spent
INK.	present 19 in this work 6 mo	present 19 in this work 25yrs
호류	27. What prophylactic was used to prevent Ophthalmia Ne	onatorum?
UNFADING	28. Number of children of this mother (At time of this birt	h and including this child) / living(b) Born alive but now dead(c) Stillborn
A M		
Z S	29. If stillborn, period of gestation	birth During labor
E M	CERTIFICATE OF ATTENDIN	
WITH a Sepan	I hereby certify that I attended the birth of this child,	7.55 A M.
	1 10:00, 00:00, 00:00	(Box Alive er Stillborn)
INLY	When there was no attending physician or midwife, then the father, householder, (S	Igned) . M. D.
PLAI d et	( etc., should make this return.	Midwife
E P	Give name added from	dress ta catelle of Japho
ET do	(Date of)	
WRITE One chile	Registrar.	ed July J., 198 7 Books
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LIESTI MO. LITTER The parties of the same The Property of the The state of the s mount lists attitute in article of thinks in 2 - Maria Registeres targe pilice of dealer the standard of the standard of the standard of 1.200 States of the second of the property of The color or range ARREST THE IN ASA. IL is all acouliers in the to Ritimisco (gitty or place) The contract of the contract o The relieve to and secon about the all made of the state of the state of The second of the Park double of metalog to elikabet (? LAURE WHILE THE PROPERTY OF THE PARTY OF THE With the dust in day botter THE SER WAS ARREST OF A HAR WAS A PROPERTY OF 26 Legis (mouth and year) as a legister Contract of the Contract of th a con with his binesus heat A has a supprise the tiend the property Ophiandian recognism of The rote of caldient of alife matter of the latest and meluting that could Literated Scott the second of cellulating STATES OF ACTEROIST SHEET SHEET SO WAS TO STATE THE PROPERTY OF THE PARTY OF THE PROPERTY OF T The live was no other the married .bequies cate of the delete and the state of cited telle Suine v Profess of the Control MODY STA (TO AZOCE)

OCCU. STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS County of. CERTIFICATE OF DEATH statement Registration District No..... Primary Registration District No. 2/6/ Local Registrar's No.... PHYSICIAN RECORD 2. FULL NAME Residence. No..... (If nonresident sive city or town and state)
ds. How long in U. S., if of foreign birth? yrs. mos. (Usual place of abode) Length of residence in city or town where death occurred. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed. 4. COLOR OR RACE 3.SEX 21. DATE OF DEATH (month day, and year) or Divorced (write the word) I HEREBY CERTIFY, That I attended deceased from...... 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of to have occurred on the date stated above, at.......m. 6, DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of importance If LESS than were as follows: Date of onser 7. AGE Years Months Days 1 day, ..... hrs. or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ...... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and vear) occupation 12. BIRTHPLACE (city or town) (State or country) FATHER Name of operation...... 13. NAME What test confirmed diagnosis? Was there an autopsy? 14. BIRTHPLACE (city or town) (State or country) 23. If death was due to exter'icauses (violence) all in also the following: MOTHER 15. MAIDEN NAME Where did injury occur? 16. BIRTHPLACE (city or town)... (Specify city or town county, and State) (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) OF Manner of injury 18. BURIAL, CREMATION, Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER ..... If so, specify...... (Address) (Signed)..... (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year		
ADDITIONAL SPACE I	FOR FURTH	ER STATEMENTS BY PHYSICIAN			
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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 222485
District No. State File No.
ration District No2/6/Local Registrar's No6.7
orn, substitute the word "Stillbirth" for name of child)
ral births)  Legiti- mate?  Date of birth  (Month)  (Day)  (Year)
a Neonatorum?
(a) Born alive and now living
Stillborn
FULL O A MOTHER S
W NAME Saphia Sellian Jausen
Residence (Usual place of abode) Baucroft Ida
If non-resident, give place and State
6 Color or race Harit C Age at last birthday 25
rrs) (Years)
Birthplace (City and State or County)
Occupation Itariaher
VDING PHYSICIAN OR MIDWIFE*
this child, who was Stillborn at 3,03 A.M.
this child, who was still the first the still
Signature)
(Thix)
(Physician or)midwife)
Address / 2000 And Xaund
Filed Les 3 1934 Mas G. G. Fely
Registrar.

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<b>48.8</b>	STATE OF ID	) A HO
em of state CCU-	PLACE OF DEATH DEPARTMENT OF PUB	
	RIPEAU OF VITAL	<b>★ 1 %</b>
wery its should t of O	County of Samuel CERTIFICATE O	F DEATH   State File No 9517
t abe	City of Ballering	7"
	Registration District No	0111
Z I	Primary Registration Distri	ict No. 26/ Local Registrar's No. 10
RECORD. E HYSICIANS xact statomon	(If death occurred in a hospital or institution, 2. FULL NAME	give its name instead of street and number.
NT RE PH . Bxs	(a) Residence. No	(If nonresident give city or town and state) . ds. How long in U. S., if of foreign birth? yrs. mos. ds.
ANE CTLY sified	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A CTIL	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	21. DATE OF DEATH (month day, and year)
7 2 4 2	or Divorced (write the word)	22. A HEREDY CERTIFY, That I attended deceased from
DITALEN EX	5a. If maried, widowed, or divorced	Sullouth, 193, to , 193
I P F F F F F F F F F F F F F F F F F F	HUSBAND of (or) WIFE of	I last saw halive on, 193; death is said
S A state operl	1 2 1 1 2 2 1 1 2 2 4	to have occurred on the date stated above, atm.
DIN IN I	6. DATE OF BIRTH (month, day, and year) July 3 / 93 7  7. AGE Years Months Days / If LESS than	The principal cause of death and related causes of importance were as follows:
F. IIS	1 day,hrs.	
S T T T T	or min.	Podilac Version
VI She bas	8. Trade, profession, or particular kind of work done, as spinner,	
E E E E	kind of work done, as spinner, sawyer, bookeeper, etc	
SS SS N I	mont more done or eith mill	
I RES ING ] d. AC o that uction	saw mill, bank etc	Other contributory causes of importance:
	this occupation (month and spent in this occupation cupation	Large Head -
KGI FA Ppli as,	12. BIRTHPLACE (city or town) Baucroft Ida	suffection w
	(State or country)	Lelinary
	13. NAMEEPHRIAM alphanes Helson	Name of operation Date of
/ITH refull plain ant.	13. NAME Phrace Alphanes Melgon  14. BIRTHPLACE (city or town) Creste Deep (State or country)	What test confirmed diagnosis? Was there an autopsy?
	(State or country)	23. If death was due to exter causes (violence) all in also the following:
ILY, V d be ca TH in import	15. MAIDEN NAME Sallia Lellian Hausen	Accident, suicide, or homicide? Date of injury, 193
LAINLY thould be DEATH	15. MAIDEN NAME Saftia Leftian Lessen  16. BIRTHPLACE (city or town) Land  (State or country)	Where did injury occur?
INI Bla TA3	(State or country)	Specify whether injury occurred in industry in home, or in public
LA DE	17. INFORMENT Mrs. Ephnan Nelsow	nlare.
E PL ion sh OF D	(Address) Baucryt Lu	Manner of injury
E SE SE	18. BURIAL, CREMATION, OR REMOVAL	Nature of injury
WRITE informatio CAUSE O	Place Bancy of the Date July 3, 1987	24. Was disease or injury in any way related to occupation of deceased?
W] infor CAU	19. UNDERTAKER (Address)	If so, specify
PGE	A 200 0 0 7 1	(Signed) M. D.
.•	20. FILED July 3 , 1934 Mus. J. F. Registrar.	(Address) Baussoft Ida
Z		

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN			

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STATE OF IDAHO	
PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO N	OT WRITE IN THIS SPACE
BUREAU OF VITAL STATISTICS	89354
PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of County of CERTIFICATE OF DEATH  State	File No. O3333
City of Slackfort Registration District No.	
Primary Registration District No.	al Registrar's No. 194
	· · · · · · · · · · · · · · · · · · ·
(No	and number.)
2. FULL NAME Still Cocin. Serie	2
2. To 1. To	
(a) Residence. No. (If nonres	sident give city or town and state) foreign birth? yrs. mos. ds.
t. My I I anoth of recidence in city or town where death occurred. Vrs. 1103. 43. 110 willing in C. S., 11 of	foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CER  A COLOR OF PACE   5 Single Married Widowed	TIFICATE OF DEATH
T T BANKA .   4. (1)   Un nace   5. Single, Mallicu, Water of nature of nearth (month	day, and year) 4 - 3 0 193 4
or Divorced (write the word)  21. DATE OF BEATH (Monda)  22. I HEREBY CERTIFY,	That I attended deceased from
5ali marled, widowed, or divorced	3.44 to, 193
Z A =   I last saw halive on	
to have occurred on the date	stated above, at 3140 m.
The painting leaves of death	and related causes of importance
7. AGE Years Months Days / If LESS than 1 day, hrs.	1
of min. Church	Sugar
8. Trade, profession, or particular kind of work done, as spinner,	
sawyer, bookeeper, etc	<u>'</u>
9. Industry or business in which work was done, as silk mill,	
work was done, as silk mill,  work was done, as silk mill,  saw mill, bank, etc	of importance:
2 1 10. Date deceased last worked at this occupation (month and spent in this	
Z A U V 1 VAGE)   OCCUDATION	
12. BIRTHPLACE (city or town). Blackfork Ldako	
(State or country)  (State or country)	/
13. NAME I TOWARD I STORY	Date of
14. BIRTHPLACE (city or town) (State or country)  What test confirmed diagnosis 23. If death was due to exterica	Was there an autopsy?
(State or country) 23. If death was due to exter a careful a caref	uses (violence)fill in also the following:
15. MAIDEN NAME /Lassace 1. 2 144	?, Date of injury, 193
16. BIRTHPLACE (city or town) Quantum Co Where did injury occur?	city or town county, and State)
Specify whether injury occur	rred in industry in home, or in public
THE	
T = [ (Address) / /////////////////////////////////	
Place Living Clare 100 M	yway related to occupation of deceased
19. UNDERTAKER (Address)  19. (Signed)  (Signed)	~f
	Herry M. D
20. FILED June 30, 1934/ Montrales Chickens (Address)	sallfort Idu
	<del></del>

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Cerebral hemorrhage	July 5, 1927		3 days age
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	- <del></del>
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11	AND			_
County of Bennet  City of Sanctoint Ic		PARTMENT OF V	OF IDAHO F PUBLIC WELFARI ITAL STATISTICS TE OF BIRTH	
No.  TPLLYA  (IF BORN IN HOSPITAL OR INSTITUTION GIVE NAME.)  FULL NAME OF CHILD  Twin  Sex of Triplet	Registration Distric			
(IF BORN IN HOSPITAL OR INSTITUTION GIVE NAME.)  FULL NAME OF CHILD	Sti	Llhorn	55Local Registr	
	(IF STILLBORN, SUBS	TITUTE THE WORD "	STILLBIRTH" FOR NAME OF	CHILD)
Sex of Twin Triplet Child or other?  Feynale (TO BE ANSWERED ONLY IN What prophylactic was used to pre	Number and in order of birth EVENT OF PLURAL BIR	Legiti-	Date of birth リルファミ 3 (MONTH) (1	193.4_ DAY) (YEAR)
What prophylactic was used to pre				
Number of child of this mother, includi	ng present birth	Ĵ (a)	Born alive and now li	ving_3
Born alive but now dead				-
FATHER		Full	MOTHER	
Full Peter Brac	1.) 1	Maiden 77	- 1 1 1 - 1 - 2 -	_
NAME LECET DIAC	re Lt	Name/_/_/	attie Las.	. <u></u>
Residence (Usual place of abode) Sa	muels, Lcla	Residence (Usual	place of abode)	niuels, ld:
If non-resident, give place and State	·	If non-resident, gi	ve place and State	·
If non-resident, give place and State.  Color or race White Age at last	t Birthday_39	Color or race YV	hile Age at last B	irthday_\(\mu_\overline{Q}
Birthplace Valkima W	ash, (YEARS)	Birthplace Hex	niben Ill	(YEARS)
Occupation Farmer		Occupation Ha	usewile	
	TE OF ATTEND			
		( E	Con-clive	
I hereby certify that I attended	the birth of this c	hild, who was 🚧		<i>9</i>
on the date above stated.		~~		M M.
/ *N/hors there were no otto-ding of	(Sig	mature)	0 Cr.We 14/	£_1
*Where there was no attending pl or midwife, then the father, hous		~~	mJ	
etc., should make this return. A	stillborn }		HYSICIAN OR MIDWIFE)	, 1
child is one that neither breathes no	r shows Add	ress Sanc	Lboint Lo	clahu
tother evidence of life after birth.	,	i Julya	1 .//~ 4	allen

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	PLACE OF DEATH DEPARTMENT OF PUB	* ,
	County of Banney BUREAU OF VITAL	STATISTICS
- 11	CERTIFICATE O	r DEATH State File No.
	City of Daniels Tala Registration District No	ct No. 2.1.5.5 Local Registrar's No. 4.7
	43.	
	(If death occurred in a hospital or institution,	Brackett.
	(a) Residence. No	St. (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3.SEX 4. COLOR OR RACE or Divorced (write the word)  4. COLOR OR RACE or Divorced (write the word)	21. DATE OF DEATH (month day, and year) JUNE 3 193 4  22. I HEREBY CERTIFY, That I attended deceased from
	a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	I last saw h alive on , 193 death is said
	6. DATE OF BIRTH (month, day, and year) Une 3 1934  7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
	8. Trade, profession, or particular kind of work done, as spinner, sawyer, hookeeper, etc.	Lono gestation
11	9. Industry or business in which work was done, as silk mill, saw mill, bank etc	Other contributory causes of importance:
	12. BIRTHPLACE (city or town) Damuels (State or country)  Tela 170	
	13. NAME Peter Brackett	Name of operation
	13. NAME Teter Brackett  14. BIRTHPLACE (city or town) Yakima (State or country) Wash	What test confirmed diagnosis?
	(State of County)	Accident, suicide, or homicide? Date of injury
	15. MAIDEN NAME 77 attie Larson 16. BIRTHPLACE (city or town) Heniben (State or country)  71.	Where did injury occur? (Specify city or town county, and State)
	17. INFORMENT Teter Brackett  Address Samuels Lela	Specify whether injury occurred in industry in home, or in public place.
	18. BURIAL, CREMATION, OR REMOVAL Place inecress Com Date June 3, 193 4	Manner of injury
	19. UNDERTAKER J. J. MARSI	24. Was disease or injury in any way related to occupation of deceased?
	20. FILED LL n. e. 3, 1934 Urola allen Registrar.	(Signed) Foyo a Henole, M.D. (Address) Sanc Daint Idahu
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE City of leasts Dance 222584 CERTIFICATE OF BIRTH (If born in hospital or institution Prim. Registration District No. 2. 1.4. Q. Local Registrar's No. 3 4 3 give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Sex of Legitior other? Child ther? // of birth (To be answered only in event of plural births) What prophylactic was used to prevent Ophthalmia Neonatorum? Dradaboux 10da Number of child of this mother, including present birth....................... (a) Born alive and now living..... Born alive but now dead Stillborn It non-resident, give place and State If non-resident, give place and Some (City and State of County) (City and State or County) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE trad about 10 day before delivery I hereby certify that I attended the birth of this child, who was on the date above stated. (Signature) *Where there was no attending physician or midwife, then the father, householder. etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth.

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394-125-010-25 PLACE OF BIRTH STATE OF IDAHO In case of more than in order of birth stated DEPARTMENT OF PUBLIC WELFARD 9 BURBAU OF VITAL STATISTICS 22624 County of Bannery 11 City of I daho Falls CERTIFICATE OF BIRTH No Merono rich Druis St. 105 Huspalal (If born in hospital or institu-Prim. Registration District No. 1 1 2 Local Registrar's No. 3.3 tion give name.) Richard Berrett Crumley 2. FULL NAME OF CHILD ..... 4. Twin, triplet, or other........... 6. Premature 153 7. Legiti-N. W. W. 8. Date of (f plural birth... 3. Sex births Month, Day, Tent Full term. 12. matet MES. 5. Number, in order of birth..... Bou ö MOTHER 18. Full FATHER 9. Full d number Lucille maiden name Arma Berrel name heudore 19. Residence (usual place of abode) Powe 3 -10. Residence (usual place of abode) Lake Fails (If non-resident, give place and State) Ideal Lall? 20. Color or race 21. Age at last birthday... (years) 11. Color or races like 12. Age at last birthday 2.4. (years) Thako (State or country) (State or country) 23. Trade, profession, or particular kind each, 14. Trade, profession, or particular S A OCCUPATION 24. Industry or business in which work was done, as own home, lawyer's office, slik mill, etc. Ohio M.R.M.C. be made 25. Date (month and year) 26. Total time (years) spent last engaged in this work must in this work....... 27. What prophylactic was used to prevent Ophthalma Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) Return (a) Born alive and now living.....(b) Born alive but now dead......(c) Stillborn..... Before labor..... or weeks 30. Cause of stillbirth.... with une 29. If stillborn, During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was stated the birth of this child, who was stated the birth of the child, who was stated the birth of this child. PLAINLY d at birth When there was no attending physician / (Signed) or midwife, then the father, householder, etc. should make this return. Give name added from Falls I child a supplemental report....(Date of) Filed. One Registrar.

RECORD.

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item of Id state OCCU-	II	LIC WELFARE DO NOT WRITE IN THIS SPACE
	County of Boundally BUREAU OF VITAL	09579
very shou it of	City of MAKO TANK	F DEATH State File No.
M W E	Registration District No	<u></u>
Z A B	Primary Registration Distri	ct No. 21 N-U Local Registrar's No. 26
ORD. ICIAN statem	(No(If death occurred in a hospital or institution,	give its name instead of street and number.)
RECORD. PHYSICIA Exact state	2. FULL NAME of faut. Crume	y.
RE PH S	(a) Residence. No. P.W. 3. Idaho	Jalls.
H	(Usual place of abode)  Length of residence in city or town where death occurred. Lyrs, Lmos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
ANEN GTLY. Sified.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
_	3.SEX 4. COLOR OR RACE 5. Single Married, Widowed, or Divoced (write the word)	21. DATE OF DEATH (month day, and year) 6 -25 1934
DING ERM EXAC class	male while. Single.	22. I HEREBY CERTIFY, That I attended deceased from
ND PE IJA .	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	I last saw hattive on Alieldar 1934 death is said
R BINDI IS A PEI stated EX roperly cl	(or) WIFE of	to have occurred on the date stated above, at
IS IS e st oroj	6. DATE OF BIRTH (month, day, and year) June 25/9	The principal cause of death and related causes of importance were as follows:
FC IIS IIS II P	7. AGE Years Months Days If LESS than 1 day,hrs.	Auto of other
ED TER	8. Trade, profession, or particular	Sullton Cause
K. K. sh	Z   kind of work done, as spinner,	2 Milliones Wells
SEI IN GE	9. Industry or business in which work was done, as slik mill, saw mill, bank, etc	3//xs_paracas
RGIN RES FADING J pplied. AG	10. Date deceased last worked at 11. Total time (years)	Other contributory causes of importance:
GIN 'ADI	this occupation (month and year) spent in this occupation	
	12. BIRTHPLACE (city or town) Jako Falls (State or country)	
MAA UN y su teru		Name of operation
VITH refully plain aut.	13. NAME Ted Prusulty  14. BIRTHPLACE (city or town)  (State or country)	What test confirmed diagnosis? Was there an autopsy?
	(Mark or County)	23. If death was due to exter Icauses (violence) fill in also the following:
, , , , , , , , , , , , , , , , , , ,	15. MAIDEN NAME Orma Berrey.	Accident, suicide, or homicide? Date of injury, 193
NLY id be TH imp	15. MAIDEN NAME Orma Belle.  16. BIRTHPLACE (city or town) Constant of the country of the countr	Where did injury occur? (Specify city or town county, and State)
PLAINLY should be F DEATH very imp	Ted Carrelling.	Specify whether injury occurred in industry in home, or in public
P.C. on short of the color of t	17. INFORMENT (Address)	blace.
ITE Pation BOF ON is	18. BURIAL, CHEMATION, OR DEMOTIL	Manner of injury
	Place Table Date Date 193 7	24. Was disease or injury in any way related to occupation of deceased?
WR inform CAUS PATI	19. UNDERTAKER (Address) Jako 9 alls Jako	If so, specify
A C E. I	20. FILED (2/26 , 193 4 / Sustainant	(Signed) 4 Harry M. D.
ż	Registrar.	(Address) Address Tetty Ta

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PLACE-OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BURBAU OF VIRAL STATISTICS City of. CERTIFICATE OF BIRTH Registration District No. (If born in hospital or institu-Registration District No. al / tion give name.) FULL NAME OF CHILD ... N. B.-7. Legiti-[f plural births 5. Number, in order of birth..... RECORD, Full term... 9. Full PATHER 18. Full name maiden name 10. Residence (usual place of abode) Residence (usual place of abode) PERMANENT (If non-resident, give place and water (If non-resident, give place and State)..... 20. Color or radiate | 21. Age at last birthday 2 11. Color or raced 12. Age at last birthday 3.4(years) Birthplace (city or place)..... (State or country) (State or country) epch, 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, war lung kind of work done, as spinner, For A typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which must be made work was done, as silk mall. work was done, as own home. sawmill, bank, etc..... lawyer's office. silk mill. etc. 16. Date (month and year) last engaged in this work 17. Total time (years) spent 25. Date (month and year) 26 Total time (years) spent last engaged in any spent in this work 10 ms in this work..... What prophylactic was used to prevent Ophthalms Neonatorum? .... WITH UNFADING Separate Return 28 Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn Before labor Ove months 29. If stillborn. or weeks 30. Cause of stillbirth period of gestation ..... During lebor CERTIFICATE OF ATTENDING PHYSICAL OR ME I hereby certify that I attended the birth of this child, who what Om. on the date above stated. TE PLAINLY child at birth When there was no attending physician / (Signed) ..... or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... Address . (Date of) Filed..... Registrar.

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STATE OF IDAHO PLACE OF DEATH DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS RECORD. Every State File No .... 73 Registration District No. Primary Registration District No. Local Registrar's No e its hame instead of street and number) 2. FULL NAME (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mes. ds. How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATE 3. SEX 4. Colomor, Race 5. Single, Married, Widowed or Divorced (write the 21. DATE OF DEATH (month, day and year HEREBY CERTIFY, That (1) attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, a ast saw h!!! alive on 7.: death is said to have occurred on the date stated above, at The principal cause of death and related causes of impor 7. AGE Months If LESS than tance were as follows: min. 8. Trade, profession, or particular OCCUPATION kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) occupation .... 12. BIRTHPLACE (city or town)
(State or country) 13. NAMEZ 14. BIRTHPLACE (city or tot That test confirmed diagnosis? ... Was there an autopsy?. (State or country) MOTHER 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME A the following: Accident, suicide, or homicide .... Date of injury... 193. 16. BIRTHPLACE (city or town)...... Where did injury occur?.... (State or country) (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) public place. ...... Manner of injury .. Nature of injury. 24. Was disease or injury in any way related to occupation 19. UNDERTAKER (Address) of deceased?. (Signed) Registrar.

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EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:		
Galistones	May 1, 1923	Gastroenteritis	1 year	
		<u></u>		
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		

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1	ı	- A	7. Legiti-	8. Date of birth	Lea M-100 4
Horn Solto	ilge	18. Full maiden name	/#`##	OALITAND	
place of aboute)		19. Residen	co (usual place -resident, kiwe r	of abode)	9)
12. Age at last birthda	Ny B. (years)				
		22. Birthple (State o	ice (city or plantry)	ice) Qui	ey st
k done, as spinner,	abores	23. Tra	de, profession, c vork done, as h	ousekeeper,	tind Houseinfo
done, as silk mill,		LYA 24. Indi wor law	k was done, as	own home.	, <del>, , , , , , , , , , , , , , , , , , </del>
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was used to prevent O	phthalmia Ne	onatorum?			
of this mother (At tim	e of this birth	and includin	g this child)		
months or weeks 30. C	Cause of stilli	oirth	field let	· · · · · · · · · · · · · · · · · · ·	fore labor
CERTIFICATE OF	MIDMETTA T	PHYSICIA	OR POWER	115	`
at I attended the birth o	f this child, v	who wes.	Metros	m. on the	date above stated.
the father, householder, }	. (3)	- ,	2	18 /mg	, M. D.
		~	muse 2	un, 5	Midwife
(Date of)		5./	. 3/- 101	1 5	Zu.
Regi				Andrews Andrews (1994)	- Balleter,
	CHILD  1. Twin, triplet, or  5. Number, in order  FATHER  place of stode) give place and State)  12. Age at last birthdor  r place)  Sission, or particular  k done, as spinner,  kkeeper, etc  business in which done, as silk mill,  nk, etc.  17. Total time in this work  was used to prevent On  of this mother (At time (a) Born  CERTIFICATE Of  nat I attended the birth of ne attending physician the father, householder,  this return.  (Date of)	RETITION Prim. Registration Deprim. Registration Deprimental Deprimen	Registration District No.  Prim. Registration District No.  Public Prim. Prim. Prim.  Prim. Registration District No.  Public Prim. Prim.  Prim. Registration District No.  Public Prim. P	RETITION TO PUBLISHED OF STATE OF 12 DEPARTMENT OF PUBLISHED OF VITAL STATE OF ACTION OF INSTITUTE OF ACTION OF INSTITUTE OF ACTION OF INSTITUTE OF ATTENDING PHYSICISM OF INSTITUTE OF ATTENDIN	DEPARTMENT OF PUBLIC WESTAR  DEPARTMENT OF PUBLIC WESTAR  Registration District No.  State Elle N  Prim Registration District No.  State Elle N  S

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DO NOT WRITE IN THIS SPACE PUBLIC WELFARE RECORD. Every item BUREAU OF VITAL STATISTICS County of ERTIFICATE OF Registration District No..... Primary Registration District No... Local Registrar's No..... institution, give its name instead of street and number) 2. FULL NAME..... Residence. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs, mos, ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX of Race | 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) ed or Divorced (write the 22 I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of ..... 193.... to ...... 193.... 193.... (or) WIFE of I last saw h....alive on .................. 193...: death is said 6. DATE OF BIRTH (mon h, day, to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-AGE If LESS than 1 day,... hrs. or .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this gunersof Importance: occupation .. (mo. and yr.) ..... 12. BIRTHPLACE (city or town) (State or country) Name of operation...... Date of...... What test confirmed diagnosis?.... Was there an autopsy? No. (State or country) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or town). Where did injury occur?..... (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) public place. ..... 18. BURIAL, CREMATION Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? ..... If so, speci-(Address) (Signed) .....

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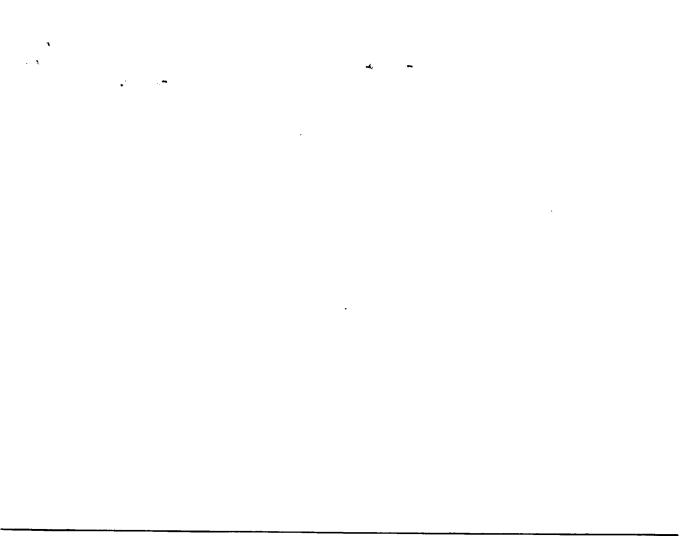
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Other contributory causes of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	



STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE RECORD. Every item Exact statement BUREAU OF VITAL STATISTICS FIČATĒ State File No ... Registration District No...... Local Registrat's No..... (If death occurred in instead of street and numb 2. FULL NAME.... Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the 21. DATE OF DEATH (month, day and year 22 I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed, or divorced HUSBAND of ..... 193...., to ....... 193.... (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at ......m. AGE The principal cause of death and related causes of impor-Days If LESS than tance were as follows: 1 day .... hrs Date of onset or .... min. 8. Trade, profession, or particular kind of work done, as apinner, sawyer, bookkeeper, etc... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ...... occupation 12. BIRTHPLACE (city or town) (State or country) 13. NAME Name of operation...... Date of....... 14. BIRZAPLACE (city or (State or country) What test confirmed diagnosis?.... Was there an autopsy?... 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NA the following: Accident, suicide, or homicide?..... Date of injury... 193. 16. BIRTHPLACE (city or town) Where did injury occur?..... (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in (Address public place. ..... Manner of injury..... Nature of injury ... 24. Was disease or injury in any way related to occupation (Address) (Signed) (Address)

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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

259-1281022-214 PLACE OF BIRGE EIVED IUL DEPARTMENT OF PERCEC WELFARE County of Allegar BUMBAU OF VITAL STATISTEDS In case of more a order of birth si City of St. Lines CERTIFICATE OF BIRTH 222886 Registration District No. _____State File No. _____ (If born in hospital or institu-tion give name.) Beha. 2. FULL NAME OF CHILD ...... 7. Legiti-4. Twin, triplet, or other....... 6. Premature. [f plural 8. Deterof hirth. births Full term..... 5. Number, in order of birth..... meto! NAL RECORD. MOTHER 18. Full 9. Full FATHER maiden nam name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) PERMANENT ach, and the 20. Color or race Like Di 21. Age at last birthday 23.... (years) 11. Color or recolable 12. Age at last birthday And years 22. Birthplace (city or place) I Neutin Mart Dabita 13. Birthplace (city or place) let la Luxal (State or country) (State or country) each. 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, typist, nurse, clerk, etc. kind of work done, as spinner, sawyer, bookkeeper, etc 24. Industry or business in which made work was done, as own home. lawyer's office, silk mill, etc. Date (month and year) last engaged in this work
 Total time (years) spent 2 must 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living O...(b) Born alive but now dead O...(c) Stillborn Return Before labor 2.47 months or weeks 30. Cause of stillbirth.... 29. If stillborn. During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAM I hereby certify that I attended the birth of this child, who was Still Portuge 9 th m. on the date above stated. When there was no attending physician / (Signed) ...... or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... Address the state of the s Registrar. * 2

AND THE PARTY OF T STATE WHITE WAR IN THE STATE OF William with the first of the state of the s Appear to state a sense a continuate of Complete the second A TOTAL OF THE PROPERTY OF THE THE MELITER AND ADDRESS OF A the real of the second of the second of The state of the state of the state of MARKET AND ASSESSED TO THE RESIDENCE OF The Man Man Land Asset the serve allege and The company of the second of t ment termity appropriate to the control of the state of the same of the s The state and the little of the little of the state of th Beirar Minor. E Traffingen de la company of the land of t Coulet April 17 pulsely of the below Control of the last BUILDING THE CONTROL OF THE STATE OF THE STA W print consumerate I was allower region THE RESERVE OF THE PARTY DOWN BOOK OF

EIVED IIIL ATE OF IDAHO PLACE OF DEATH DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of .... DEATH State File No ... ORD. Every PHYSICIANS O Registration District No. Primary Registration District No.... Local Registrar's No..... RECORD. (No. (If death occurred in a pospital of Institution, give its name instead of street and number) 2. FULL NAME. Residence. No..... Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. BINDING A PERMANENT PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widowed or Divorced (write the 21. DATE OF DEATH (month, day and year) word) HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of **d**eath is said I last saw h A alive on A 6. DATE OF BIRTH (mofith day, and year) to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-Years Months Days / If LESS than tance were as follows: 1 day .... hrs. or .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation . 12. BIRTHPLACE (city or town). (State or country) 13. NAME Name of operation...... Date of...... 14. BIRTHPLACE (city or town) What test confirmed diagnosis?.... Was there an autopsy?... (State or country) OF DE 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or town).. here did injury occur?..... C(State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT CAUS (Address) public place. 18. BURIAL. REMATION OR REMOVAL Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation 19 UNDERTAKES of deceased?... (Address) 20. FILED (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, meer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE 1		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	1

(If born in hospital of institut tion give name.) Prim. Registration Dilleres No. 2. FULL NAME OF CHILD 7. B. H. [f plura] 8. Date of birthe birth May 5. Number, in order of birth.... Full term..... ö mete? / // / 9. Full FATHER number 18. Pull MOTHER name maiden Dama 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State)..... (If non-resident, give place and State) 11. Color or race....... | 12. Age at last birthday 2.3. (years) 13. Birthplace (city or place) Parker, 22. Birthplace (city or place) Je tank, I dank (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, Jakes of work done, as housekeeper, typist, nurse, clerk, etc. sawyer, bookkeeper, ete 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home. sawmill, bank, etc.... lawyer's office, silk mill, etc. þe 16. Date (month and year) ast engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work 26. Total time (years) spent must 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 25% Luggest UNITADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. O...(b) Born alive but now dead.......(c) Stillborn 124months 29. If stillborn. period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFF I hereby certify that I attended the birth of this child, who was 50 m. on the date above stated. When there was no attending physician / or midwife, then the father, householder, etc. should make this return. Give name added from child a supplemental report.....(Date of) Registrar.

the state of the s Committee Commit The New Assessment of the Company of 30.11 1.25 ( ) remode the entire wanted in a street it. The same the mostly house to a state of the (महार क्रिकेट जार्मिक क्रिकेट क्रिकेट महार १६७ क्रिकेट The contract specific and the specific and the and the second section of the second second make a state of a second of the second of th The respect to the same of the little The state of the state of the state of The state of the many the page that the second and the same of the same of the same HALL COMMENT & SCHOOL OF HER Me an or see an order and the state of the first of Treated to the second of the s The same of the state of the state of the same of the 1200 my to the term the office and property of the term of the term that the training of With the second and t and that I want to be some in the same of the same 高大 🏚 ZPC 1、包 · SYCEN CELL WE COANSONED a committee of the state of the contract of the contract of the EBBOT WAS TOPPOST IN THE WILL THE ST. to the fifth the first the fighter which between

MARGIN RESERVED FOR BINDING information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO	
PLACE OF DEATH DEPARTMENT OF PUBLIC WELFA	RE DO NOT WRITE IN THIS SPACE
County of Demon BURBAU OF VITAL STATISTICS	
City of St. Outhern CERTIFICATE OF DEA	TH   State File No
Registration District No	9
Primary Registration District No.	7.7. Local Registrar's No. / 32
(No.	······································
(If death) odcurred in a hospital or institution, give its name i	nstead of street and number)
(a) Residence. No	st Stallo
(Usual place of abode)	nonresident give city or town and state)
	w long in U. S., if of foreign birth? yrs. mos. ds.
A CITY	MEDICAL CERTIFICATE OF DEATH
ed or Divorced (write the 21. DATE	OF DEATH (month, day and year) 193
5a. If married widowed or divorced 5a. If married widowed or divorced 22. I HER	EBY CERTIFY, That I attended deceased from
HUSBAND of	1934., to 193
(or) WIFE of  6. DATE OF BIRTH (month, day, and wear)  I last saw	himalive on the attention and is said
to have oc	curred on the date stated above,
Days than	pal cause of death and related causes impor-
Sull liday hrs. or min.	Date of onset
8. Trade, profession, or particular kind of work done, as spinner,	n Decoluse
sawyer, bookkeeper, etc.	toxemia of
kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as slik mill.	graney ?
saw mill, bank, etc	0
cd at this occupation spent in this Other ed (mo. and yr.) occupation	entributory causes of importance:
e t a the	
12. BIRTHPLACE (city or town)	
13. NAME - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Name of o	perationDate of
14. BIRTHPLACE (city or town) (What test	confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME VV VV the foll	
5 16. BIRTHPLACE (city or town)	suicide, or homicide? Date of injury, 193.
(State or country)	(Specify city or town, county, and state)
(Address) public p	hether injury occurred in industry, in home, or in
	f injury
Place	injury
19. UNDERTAKER . W M	isease or injury in any way related to occupation sed? If so, especify
1	
20. FILED 6 1.7.1. 193 M	
,	ddress) 3. ( - W. W. W. W. M. W. J. W.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfuiness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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TVAMDITE I

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9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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EXAMPLE		EXAMPLE II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	-	Other CONTRIBUTORY CAUSES of importance:	:
Gallstones	May 1, 1923	Gastroenteritis	1 year
		-	
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	
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	735-2071827-669
म्ब	1. PLACE OF BIRTH STATE OF IDAHO
5-1	County of Public Welfare
of more stated.	County of Burkau of VITAL STATISTICS 22963
백행	No
birth	Registration District No
9 9	(If been in beenful or besthusion
	give name.)  Prim. Registration District No
N E	2. FULL NAME OF CHILD
0.3	
RECORD.	3. Sex If plural 4. Twin, triplet, or other6. Premature7. Legiti-
ಜ್ಞ	fluide birth 5. Number, in order of birth Full termine mater birth birth pay, year)
꾿뉯	9. Full FATHER 18. Full MOTHER maden
三	maiden Jella Forsberg/
PERMANENT Ri	10. Residence (usual place of abode) 19. Residence (usual place of abode)
₹#	(If non-resident, give place and State) (If non-resident, give place and state)
数 3	11. Color or racely 12. Age at last hithday 25 (years) 20. Color or racely hit. 21. Age at last hirthday 21 (years)
	13. Birthplace (city or place) Salt take City Man 22. Birthplace (city or place) Insurante With
₹ 5	(State or country)  (State or country)  (State or country)  (23. Trade, profession, or particular kind
য়ক	- kind of work done as enimes 7
THIS made	Sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill.  24. Industry or business in which work was done, as own home.
Fill	
F	sawmill, bank, etc.  lawyer's office, silk mill, etc.
INK	Z   Chicklet th time work   A contained   A contained
S Z	spent in this work.
ADING	27. Number of children of this mother (At time of the birth and including this child) (a) Born alive and now living
고요비	
马引	28. If stillborn, period of gestation and farm or weeks 29. Cause of stillbirth Sauce mulling had During labor year.
HA	
WITH UNE a Separate	CERTIFICATE OF ATTENDING PASSICIAN OR MIDWIFE
אַ <b>כּ</b>	I hereby certify that I attended the birth of this child, who was Stillion at M. A. m. on the date above stated.
AINLY at birth,	(When there was no attending physician)
	or midwife, then the father, householder, (Signed) (Signed) (Signed) (M. D.
H	Give name added from or, Midwife
	a supplemental report
WRITE one ch	Filed (6/12 1934 Chas Frelle
M A	Registrar. Registrar.

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should state STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE PLACE OF DEATH BUREAU OF VITAL STATISTICS 89523 County of CERTIFICATE OF DEATH State File No..... City of.... Registration District No..... PHYSICIANS Primary Registration District No..... Local Registrar's No. PERMANENT RECORD. FULL NAME Residence. No..... (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. (Usual place of abode) Length of residence in city or town where death occurred. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. Single, Married, Widowed, 21. DATE OF DEATH (month day, and year) or Divorced (write the word) RINDING I HEREBY CERTIFY, That I attended deceased from...... 5a. If maried, widowed, or divorced HUSBAND of I last saw he alive of 193.....: death is said properly (or) WIFE of certificate. to have occurred on the date stated above, at ......m. 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of importance were as follows: 7. AGE Years Months Days If LESS than Date of onset 1 day, ..... hrs. min. ARGIN RESERVED Trade, profession, or particular kind of work done, as spinner, OCCUPATION sawyer, bookeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... Other contributory causes of importance: UNFADIN 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and year) ... occupation 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME ( Name of operation.... ...... Date of...... in plain What test confirmed diagnosis? ...... Was there an autopsy?...... 14. BIRTHPLACE (city or town) (State or country) 23. If death was due to exter'icauses (violence) fill in also the following: MOTHER DEATH Where did injury occur?. or town) (Specify city or town county, and State) (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) OF Manner of injury 18. BURIAL, CREMATION, OR REMOVAL Nature of injury CAUSE Place Date ..... TION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER..... (Address) ..... If so, spec (Signed).. 6/12, 1934 (Address)

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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other Contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

	415-213-028-245	
RECORD h, and the number	1. PLACE OF BIRTH IVED III 12 County of Kortenan City of Frank Lace	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 222967
REC.	No St.  Registration Dis	
IENT R for each.	(If born in hospital or institution give name.)  Prim Registration give name.)  2. FULL NAME OF CHILD Leal Ray	District No. Local Registrar's No. 22
PERMANENT ust be made for eac	3. Sex / If plural 4. Twin, triplet, or other6. Pre	ll term mate? Jes   birth MONTH, DAY, YEAR)
ا∙ ∄ ا <b>ر</b>	9. Full PATHER Davis	18. Full MOTHER maiden Helen Sundblad
IS Edge after Edge Edge Edge Edge Edge Edge Edge Edge	10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
THIS E RET birth, st	11. Color or race_Wk_ 12. Age at last birthday (years)	20. Color or race Wh. 21. Age at last birthday 2 (years)
ATE	13. Birthplace (city or place) Wilbur (State or country)	22. Birthplace (city or place) Hoffman. (State or country)
G INK—1 SEPARATI in order of I	14. Trade, profession, or particular Setter	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
	sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill,	24. Industry or business in which work was done, as own home, where lawyer's office, silk mill, etc.
UNFADIN at a birth, a of each,	Sawmin, bonk, etc	25. Date (month and year) last engaged in this work 26. Total time (years)
	spent in this work. A	19
WITH one child	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and nov	v living_O(b) Born alive but now dead(C) Shintestally Before labor
1	28. If stillborn, Tull months period of gestation_lerum. or weeks 29. Cause of stillbirth	Knothing of cond Before labor During labor
WRITE PLAINLY —In case of more than	CERTIFICATE OF ATTENDING	PHYSICIAN OR DWIFE  At 3.40 m. on the date above stated
LAIN more	I hereby certify that I attended the birth of this child, who was no attending physician	HOOPH ALIVE OF STELBORN)
TE PI case of	or midwite, then the father, householder, (Si etc., should make this return.	gned) (C Spooner, M. D
RIT In ce	Give name added from a supplemental reportAdd	dress, Spirit take Idaho
W — B	Fil.	ed use 13 1934 Och poner
ż	Registrar.	V

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12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMENT  (Address)  18. BIRTHPLACE (city or town)  19. BIRTHPLACE (city or town)  10. BIRTHPLACE (city or town)  11. BIRTHPLACE (city or town)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMENT  (Address)  18. BIRTHPLACE (city or town)  19. BIRTHPLACE (city or town)  10. BIRTHPLACE (city or town)  11. INFORMENT  (Address)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMENT  (Address)  18. BIRTHPLACE (city or town)  19. BIRTHPLACE (city or town)  10. BIRTHPLACE (city or town)  10. BIRTHPLACE (city or town)  11. INFORMENT  (Address)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMENT  (Address)  18. BIRTHPLACE (city or town)  19. BIRTHPLACE (city or town)  10. BIRTHPLACE (city or town)  10. BIRTHPLACE (city or town)  11. BIRTHPLACE (city or town)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMENT  (Address)  18. MAIDEN NAME  19. BIRTHPLACE (city or town)  19. BIRTHPLACE (city	SERVED FOR BINDING INKTHIS IS A PERMANENT RECORD. Every item of GE should be stated EXACTLY. PHYSICIANS should state it may be properly classified. Exact statement of OCCU-n on back of certificate.	PLACE OF DEATH  County of STATE OF ID  PLACE OF DEATH  County of STATE OF PUB  BUREAU OF VITAL S  CERTIFICATE O  Registration District No  Primary Registration District  (No.  (If death occurred in a hospital or institution,  2. FULL NAME  (a) Residence. No  (Usual place of abode)  Length of residence in city or town where death occurred. yrs. mos.  PERSONAL AND STATISTICAL PARTICULARS  3.SEX  4. COHOROR RACE  (b) Single, Married, Widowed, or Divorced (write the word)  5a. If maried, widowed, or divorced  HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, O. hrs. or 0. min.  8. Trade, profession, or particular kind of work done, as spinner, sawyer, beokeeper, etc.  9. Industry or business in which work was done, as silk mill.	CELIC WELFARE DO NOT WRITE IN THIS SPACE 89524  State File No
1 day 0 hrs. or min.    S. Trade, profession, or particular kind of work done, as spinner.	R SI E SI		The principal cause of death and related causes of importance
8. Trade, profession, or particular kind of work done, as spinner, sawyer, beekeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, sa	S S S S		were as follows: Date of onset
A sind of work done, as alphner, asymptopokeeper, etc.  9. Industry or business in which work was done, as alk mill, asw mill, bank, ctt.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMENT  18. BURIAL, CREMATION, OR REMOVAL  Place Language of injury  18. BURIAL, CREMATION, OR REMOVAL  Place Language of injury  19. UNDERTAKER Conditions of the contribution of decease of injury  19. UNDERTAKER Conditions of the contribution of decease of injury  19. UNDERTAKER Conditions of the contribution o	HHI Hd ld be be	1 day, O. hrs. or min.	Stilling
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(State or country)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMENT  (State or country)  18. BURIAL CREMATION, OR REMOVAL  Place LANGUAGE, Character of injury  19. UNDERTAKER Co. Specify  (Address)  19. UNDERTAKER Co. Specify  (Signed)  13. NAME  14. BIRTHPLACE (city or town)  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to exter causes (violence) all in also the following the country of the cou	IN R Lied.	this occupation (month and ) spent in time	Other contributory gauses of importance;
What test confirmed diagnosis? Was there an autopsy?  14. BIRTHPLACE (city or town)		(State or country)	
Accident, suicide, or homicide?  Date of injury  Specify whether injury occurred in industry in home, or in public decease  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMENT  (Address)  18. BURIAL CREMATION, OR REMOVAL  Place Language Language Date (address)  19. UNDERTAKER Continual Home  (Signed)  (Signed)  (Specify city or town country, and State)  Specify whether injury occurred in industry in home, or in public decease  Manner of injury  Nature of injury  19. UNDERTAKER Continual Home  (Signed)  (Signed)		13. NAME John Dows	<u> </u>
Accident, suicide, or homicide?  Date of injury  Specify whether injury occurred in industry in home, or in public decease  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMENT  (Address)  18. BURIAL CREMATION, OR REMOVAL  Place Language Language Date (address)  19. UNDERTAKER Continual Home  (Signed)  (Signed)  (Specify city or town country, and State)  Specify whether injury occurred in industry in home, or in public decease  Manner of injury  Nature of injury  19. UNDERTAKER Continual Home  (Signed)  (Signed)	IT efu olai	14. BIRTHPLACE (city or town)	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMENT  (Address)  18. BURIAL CREMATION, OR REMOVAL  Place LIVERIAL COMPANION Date (Address)  19. UNDERTAKER Companion of decease (Signed)  19. UNDERTAKER Companion of decease (Signed)	W Car		1
(State or country)  17. INFORMENT (Address)  18. BURIAL CREMATION, OR REMOVAL Place LIVERIAL COMPANY (Address)  19. UNDERTAKER Contact the later of injury (Address)		15. MAIDEN NAME TYLOTTY SYNODIA	C.
Specify whether injury occurred in industry in home, or in public and the second secon	N E E 'a	16. BIRTHPLACE (city or town)	(Specify city or town county, and State)
Manner of injury  18. BURIAL, CREMATION, OR REMOVAL  Place Livinguely, English Date 6 / 3, 1934  19. UNDERTAKER Co flaving the man Home  (Address)  10. UNDERTAKER Co flaving the man Home  (Address)	AI. loud BEA		Specify whether injury occurred in industry in home, or in public
18. BURIAL, CREMATION, OR REMOVAL Place Lucyasing Language Date (0 / 3 , 1934)  19. UNDERTAKER Co facility forms (Address)  19. UNDERTAKER Co facility forms (Address)  19. UNDERTAKER Co facility forms (Address)  19. UNDERTAKER Co facility forms (Signed)  20. EU.ED Luce / 3 1934  20. EU.ED Luce / 3 1934  C Shooner  (Signed)	<u> </u>	17. INFORMENT (Address) Fake Da	1
Place Everysely, Codelly Date 6 / 5 , 1934  19. UNDERTAKER Co fiscal from 2  (Address) / Athletical from 3  (Address) / Athletical from 3  (Signed) (Signed)			
19. UNDERTAKER WALLES ON It so, specify (Signed)  19. UNDERTAKER WALLES ON IT so, specify (Signed)	<b>₩</b> N		Nature of injury
1. 10 a grand me /3 193 4 a C Spooner (Signed)	WR form AUS		
Registrar. (Address) Aurus Lake de	P C F	1 C C Stamman	1
	7	ZU. FILLED Registrar.	(Address) spirit Lake Ida

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH .- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related The PRINCIPAL CAUSE OF DEATH and related Date of onset Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 year ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIFFECEIVED JUL 1 1 County of City of No. 8t.  (If born in Augustus or institu-	
tion give name.)	ation District No. 2143 Local Begistrar's No
8. Sex [if planal] 4. Twin, triplet, or other	Premature
Full FATHER  name  10. Residence (usual place of abode)	18. Full maiden acorners
	19. Residence (usual place of sinde) (If non-resident, give place and State Constitution)
11. Color or race   12. Age at last birthday of 7(years)	20. Color or race 21. Age at lest birthday 4/ (years
(Brate or country)	22. Birthplace (city or place)
sawyer, bookkeeper, etc	23. Trade, profession, or particular kind of work done, as housekeepes, typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home lawyer's office, silk mill, etc.
work was done, as silk mill, sawmill, bank, etc	25. Date (month and year) 26. Total time (years) spent
27. What prophylactic was used to prevent Ophthalmia N	eonatorum ?
Eller as a susual of this hirt	th and including this child)    Ilving 7 (b) Born alive but now dead C (c) Stillborn /
29. If stillborn, period of gestation	birth Color labor 26 During labor.
I hereby certify that I attended the birth of this child,	
etc., should make this return.	Signed) D. D. Midwife
(Date of)	ddress July 28 1924 B. Theatre
Rogistrar.	Bogistrar.

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is your immortant. See instruction on back of certificate. MARGIN RESERVED FOR BINDING

County of County of County of County of County of County of Certificate Of Registration District No	BLIC WELFARE DO NOT WRITE IN THIS SPACE STATISTICS 89547  State File No. 89547
2. FULL NAME	give its name instead of street and number.  St.  (If nonresident give city or town and state) yrs. mos. ds.
3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)  La. If maried, widowed, or divorced HUSBAND of (or) WIFE of	21. DATE OF DEATH (month day, and year)  22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as spinner, sawyer, bedseeper, etc.	to have occurred on the date stated above, at
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at this occupation (month and year)	Other contributory causes of importance:
12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Name of operation
17. INFORMENT (Address)  18. BURIAL CREMATION, OR REMOVAL Place July Date July Date July 26, 1934	Where did injury occur?  (Specify city or town_county, and State)  Specify whether injury occurred in industry in home, or in public place.  Manner of injury.  Nature of injury.  24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)  20. FILED Since 28., 1934 De Prince Registrar.	(Signed) (Address) (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation priorto retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia. asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	1	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	$Attack\ of\ epilepsy$	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE 1	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

re than	1. PLACE OF BIRTH  County of Later.  County of Later.  DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS OF THE ST
f mor	City of CERTIFICATE OF BIRTH CCOULT
a t	No. 782 44 March St.  198 9 1 State File No.
n of	(If born in hospital or institution give name.)  Prim. Registration District No
N. B.	2. FULL NAMB OF CHILD.
CORD,	3. Sex It plural 4. Twin, triplet, or other 6. Premature 12. 7. Legitibirth 5. Number, in order of birth Full term mate? 12. (MONTH, DAY, YEAR)
r RE	9. Full FATHER 18. Full MOTHER maiden
PERMANENT ch, and the numi	10. Residence (usual place of abode)  11. Residence (usual place of abode)  12. Residence (usual place of abode)  13. Residence (usual place of abode)
MAN nd the	11. Color or race Mud2. Age at last birthday 29 (years) 20. Color or race Mad21. Age at last birthday 27 (years)
PER h,	13. Birthplace (city or place)
G S A	14. Trade, profession, or particular of work done, as housekeeper.
THIS	Sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill.  24. Industry or business in which work was done, as own home,
٤٤	sawmill, bank, etc Rass Calabana Calabana Salar Sal
G IN	engaged in this work 17. Total time (years) 0 engaged in this work 26. Total time (years)
PADING	27. Number of children of this mother (At time of this hirth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn
LINFA RATE RE	28. If stillborn, period of gestation 5 set 22. Cause of stillbirth 1/2000 During labor.  29. Cause of stillbirth 1/2000 During labor.
Serv	CERTIFICATE OF ATTENDING PHYSICIAN ON TOWIFE
>-i, ≥ e	I hereby certify that I attended the birth of this child, who was the liberal at 9.60 a.m. on the date above stated.
N	When there was no attending physician or midwife, then the father, householder, (Signed)
PLA ld at	(etc., should make this return.  Give name added from  or, Midwife
五名	a supplemental report (DATE OF) Address Moscow,
WRITE one cl	Registrar.  Filed 7-6 1934 Stanutaura Registrar.

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		STATE OF ID	AHO		
	PLACE OF DEATH	E OF DEATH DEPARTMENT OF PUBL		LIC WELFARE DO NOT WRITE IN THIS	
Cou	nty of Latak	BUREAU OF VITAL		89543	<u>}</u>
City	of MCSGOW	CERTIFICATE O	F DEATH	State File No	************
		Registration District No	61	· · · · · · · · · · · · · · · · · · ·	
		Primary Registration Distric	t No. /0//	Local Registrar's No	73
	(70.3.4)	(No		)	.1:
2.	FULL NAME Stillb	in a hospital or institution, gi	ve its name instead	of street and number)	) (9
	Upsual place of abode)		/TA	Stsident give city or town and s	tate)
Lien	ogth of residence in city or towr	where death occurred. yrs.	mos. ds. How long i	n U. S., if of foreign birth? yrs.	mos. ds.
	PERSONAL AND STATIS		MEDICA	AL CERTIFICATE OF DEATH	
3. ——	SEX 4. Color or Rac	e 5. Single, Married, Widow- ed or Divorced (write the	21. DATE OF DEA	ATH (month, day and year) 6	/28 1934
	White	word)	1	ERTIFY, That I attended dec	<b>y</b> -
5a.	. If married, widowed, or div HUSBAND of	orced	6/28	19# to 6/28-9	/
-6	(or) WIFE of DATE OF BIRTH (month, da		Tas Park	193 de	.,
٠.		28. 1934	to have occurred	on the date stated above, at .	
7.	AGE Years   Months	Days   If LESS than	The principal caus	se of death and related causes	
		1 day, hrs.	tance were as t	ollows:	ate of onset
	8. Trade, profession, or partic	or min.	The for	*****	•••••
NO	kind of work done, as sp sawyer, bookkeeper, etc.	inner.	a four	6 200.	
ATI	9. Industry or business in w	hich		neull	
3	work was done, as silk m	<b>ill,</b> · · · · · · · · · · · · · · · · · · ·			• • • • • • • • • • •
2	10. Date deceased last work- ed at this occupation	11. Total time (years) spent in this			
	(mo. and yr.)		Other contribute	ory causes of importance:	
12	BIRTHPLACE (city or town	MCSCOW			
	(State or country)	Idaho —			•••••
E	13. NAME ROY Patel	Smith		······································	
1.1.1	14. BIRTHPLACE (city or to	Tamiatan	Name of operation	Date	of
 -	(State or country)	Ida.	What test confirme	ed diagnosis? Was there an	autopsy?
HER	15. MAIDEN NAME Mami	e Beeman	the following:	ue to exter'l causes (violence)	
E.	16 RIRTHPLACE (oity on to	over)	Accident, suicide,	or homicide? Date of in	jury, 193.
7	16. BIRTHPLACE (city or to (State or country)	Colc.		ecify city or town, county, and	state)
17.	. informant ROY Si		A -	njury occurred in <b>industry</b> , in l	
18.	BURIAL, CREMATION OR		H	• • • • • • • • • • • • • • • • • • • •	
		Ow Date 6/30 193.4	' '		
1.0	UNDERTAKER None	2, 100.0		injury in any way related to	
	(Address)	a-1-4	of deceased?	specify	
20.	FILED <b>6./29</b> 193. 4	Warry Euchanne	(Signed)	June 1	J, M. D.
	•	// Registrano.	(Address)	a none	Man

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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DARINI DD 1		EXAMPLE II		
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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		
			<del></del>	

11/192 -/02 033 PLACE OF BIRTH County of ... · BRIEFFAU OF VIE (If born in hospital or institution give name.) Prim. Registration District No. Local Registrar's No. 223053 2. FULL NAME OF CHILD ... ff plural triplet, or other 6. Premature 7. Legiti-3. Sex 8. Date of ż births birth.... 5. Number, in order of birth... Full term..... 9. Full/ FATHER 18. Full MOTHER number name Tucuda 10. Residence (usual place of abode) 19. Residence (usual place of abode) PERMANENT (It non-resident, give place and State (If non-posident, give place and State) 20. Color of Face. | 21. Age at last birthday 6.... (years) 12. Age ut last birthds 7.... (years' 13. Birthplace (city or place)...... 22. Birthplace (city or place).... (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, Januar of work done, as housekeeper CUPATION sawyer, bookkeeper, etc typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home. be mad sawmill, bank, etc.... lawyer's office, silk mill, etc. 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent must INK in this work in this work ...... 19...... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Betarn 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3...(b) Born slive but now dead./...(c) Stillborn remeture rutture ataun months Before labor 29. If stillborn, or weeks 30. Cause of stillbirth.... period of gestation..... During labor..... CERTIFICATE OF ATTENDING PHYNDIAN OF MIDWIFE I hereby certify that I attended the birth of this child, who w date above stated. When there was no attending physician / (Signed) or midwife, then the father, householder, etc., should make this return. Give name added from child a supplemental report..... Address (Date of) Registrar.



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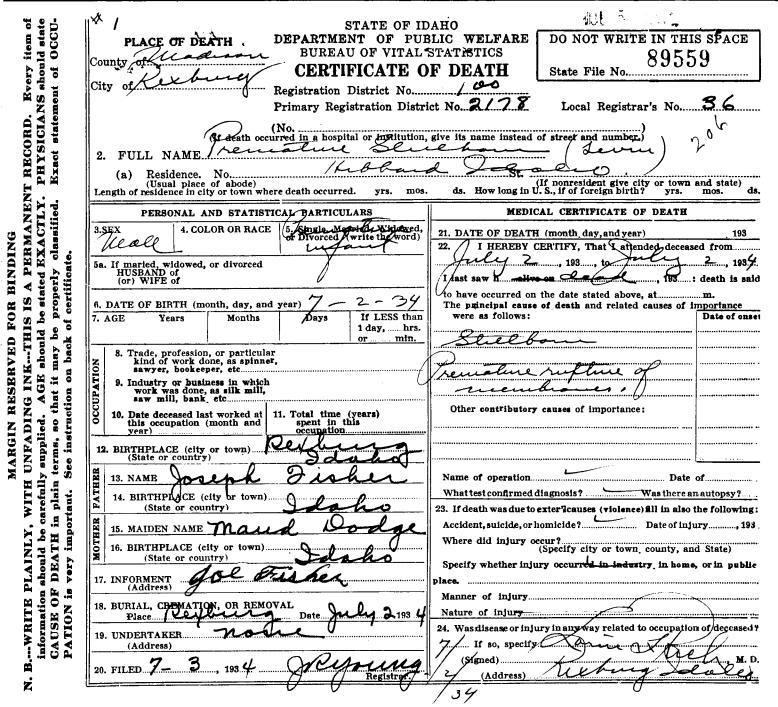
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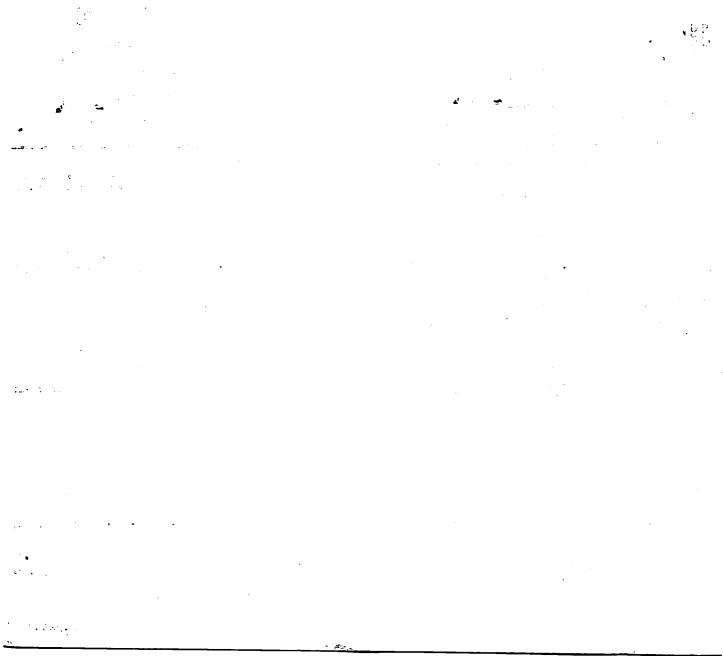
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		

113-112-040-493 STATE OF IDARU
DEPARTMENT OF PUBLIC WELFARE 223108 PLACE OF BIRTH County of SHOSHONE City of SMELTERVILLE CERTIFICATE OF BIRTH Figure 1 State File No. 12.3 State File No. (If born in hospital or institu-Prim. Registration District No. 220/ Local Registrar's No. 74 tion give name.) 2. FULL NAME OF CHILD Baby Jacquenin ą 7. Legiti-If plural 8. Date of 3. Sex birth June 12. births 5. Number, in order of birth.... RECORD. Full term ... x.. mate?....Yes (Month. Day, Year 9. Full FATHER 18. Full MOTHER name maiden ZALIA MILLER LOUIS JACQUEMIN name 10. Residence (usual place of abode) 19. Residence (usual place of abode) PERMANENT (If non-resident, give place and State) SMELTERVII (If non-resident, give place and State) SMELTERVILL 11. Color or race.... 12. Age at last birthday.. 35(years) 13. Birthplace (city or place) CANADA 22. Birthplace (city or place)... COLORADO (State or country) (State or country) each, 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, kind of work done, as spinner, for OCCUPATION OCCUPATION ousem 15. Industry or business in which 24. Industry or business in which be made work was done, as own home, work was done, as silk mill. sawmill, bank, etc.... lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work 26. Total time (years) spent 16. Date (month and year)
last engaged in this work 17. Total time (years) spent INK must PRESENT 19 in this work ...... 19...... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ARGYROL 10% WITH UNFADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living...3...(b) Born alive but now dead......(c) Stillborn...1 months Before labor..... 29. If stillborn. months or weeks 30. Cause of stillbirth Thrombosis umbillical corduring labor...... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who wastillhorn .... at 10:20 of the date above stated. INLY When there was no attending physician / or midwife, then the father, householder, WRITE PLA etc. should make this return. Give name added from Address Kellogg, Idaho a supplemental report..... Filed Jaly 10 Registrar.



STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE statemeut BUREAU OF VITAL STATISTICS county of DEATH RECORD. Every State File No ... 2201 Primary Registration District No ..... Local Registrar's No...... (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME. Residence. No..... NENT (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs, mos, ds. How long in U. S., if of foreign birth? yrs, mos, ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color of Race; 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) ed or Diverced (write the word) I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of last saw h....alive on ........., 193...: death is said 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-7. AGE Years Months Days If LESS than tance were as follows: Date of onset 1 day,... hrs. or .... min. 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk millsaw mill, bank, etc .... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ...... occupation ...... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation...... Date of...... 14. BIRTHPLACE (city or to What test confirmed diagnosis?.... Was there an autopsy?... (State or country) DE 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE eltw or tow ō Where did injury occur?..... (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT SS (Address) public place. ..... Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to eccupation 19 UNDERTAKER of deceased?... (Address) 20. FILED (Address)

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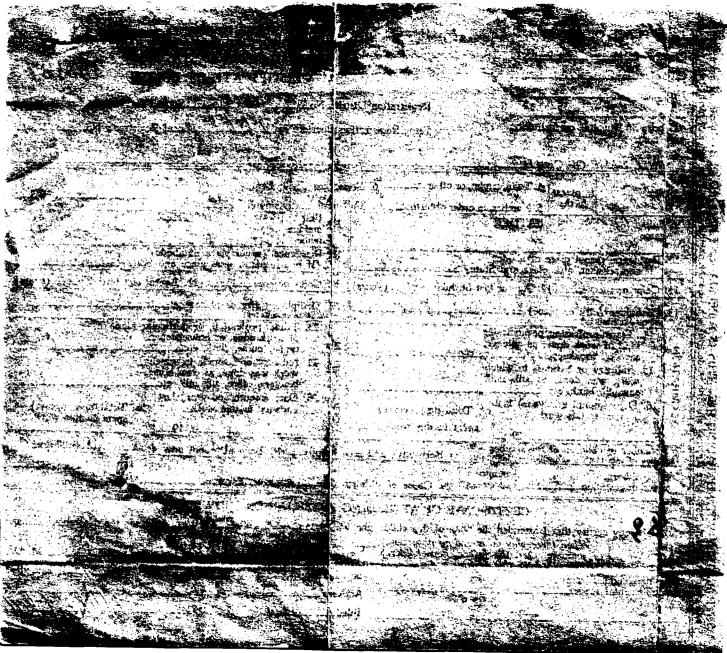
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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

1	1. PLACE OF BECEIVED JUL 9 STATE OF IDAHO  County of Janu Fall  BUREAU OF VITAL STATISTICS
tated.	City of Bus 223187
birth 3	No
der of	(If born in hospital or institution prim. Registration District No. YUD Local Registrar's No.
Z g	2. FULL NAME OF CHILD
RECORD er of each	3. Sex / If plural 4. Twin, triplet, or other / 6. Premature 4. 7. Legitibirth 2 births 5. Number, in order of birth Full term mate? (MONTH, DAY, YEAR)
	9. Full FATHER 18. Full MOTHER maiden
PERMANENT h, and the numb	10. Residence (usual place of abode) (If non-resident, give place and State)  10. Residence (usual place of abode) (If non-resident, give place and State)  10. Residence (usual place of abode) (If non-resident, give place and State)
MAN	11. Color or race 15. 12. Age at last birthday 3/ (years) 20. Color or race 15. 21. Age at last birthday 26. (years)
	13. Birthplace (city or place) 22. Birthplace (city or place) (State or country)
-THIS IS A	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc
NG INK	engaged in this work spent spent in this work spent s
E E	27. Number of children of this mother  (At time of this birth and including this child) (a) Born alive and now living 2_(b) Born alive but now dead(c) Stillborn_1
WITH UNFADING a Separate Return 1	28. If stillborn, period of gestation 7 Man. or weeks 29. Cause of stillbirth Line Russes 200 During labor.
SEP	CERTIFICATE OF ATTENDING PHYSICIAN ON MIDWIFE
MINLY Wat birth, a	I hereby certify that I attended the birth of this child, who was at I do m. on the date above stated.  When there was no attending physician or midwife, then the father, householder.  (Signed) TW. W. B. Midwife.  Midwife
WRITE PL	Give name added from a supplemental report.  (DATE OF)  Address
<b>§</b>	Registrar



PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS City of. No. ... A PERMANENT SATE RETURN and of birth stated. Registration District No.... State File No. (11 born in hospital or institution give Prim. Registration District No.2. FULL NAME OF CHILD. (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Legiti-Sex of Triplet and in order birth of birth or other? mate? Child (Month) (To be answered only in event of plural births) (Day) (Year What prophylactic was used to prevent Ophthalmia Neonatorum? ......? SEP (a) Born alive and now living Number of child of this mother, including present birth. Born alive but now dead Stillborn FATHER MOTHER FULL MAIDEN FULL NAME NAME ... Residence (Usual place of abode) (Usual place of abode) If non-resident. If non-resident. give place and State give place and State : △Age at last hirthday Age at last birthday. Color or race Color or race WITH ore than Birthplace. Birthplace (Clier and StateLor County) (City and State or County) Occupation. Occupation CERTIFICATE OF ATTENDING PHYSICIAN COMIDWIFE I hereby certify that I attended the birth of this child, who was Stillborn case of on the date above stated. (Signature) *Where there was no attending physician or mid-wife, then the father, householder, etc., should FRITE make this return. A stillborn child is one that neither breathes nor shows other evidence of life Address. after birth.

County of Ada	STATE OF ID	LIC WELFARE STATISTICS	DO NOT WRITE IN	THIS SPACE
City of Boise	CERTIFICATE O egistration District No rimary Registration Distri	<u> </u>	State File No	
2. FULL NAME Jackie				206
(a) Residence. No(Usual place of abode) Length of residence in city or town where	death occurred. yrs. mos.	ds. How long in U	If nonresident give city or t . S., if of foreign birth?	own and state) rs. mos.
PERSONAL AND STATISTIC	AL PARTICULARS	MEDIC	AL CERTIFICATE OF DEA	TH
3.SEX 4. COLOR OR RACE Male hite 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	5. Single, Married, Widowed, or Divorced (write the word)  Single.	22. HEREBY C	(month day, and year) ER'IIFY, That I attended d, 193 Y, to	<i></i> , 19
6. DATE OF BIRTH (month, day, and y 7. AGE Years Months Still born.	Days If LESS than 1 day,hrs. or min.	The principal cause were as follows:	the date stated above, at of death and related causes	Date of
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc			causes of importance:	
12. BIRTHPLACE (city or town)Bo				
13. NAME (Flone Tiltor 14. BIRTHPLACE (city or town) I ( (State or country)		What test confirmed o	ilagnosis? Was the	nere an autopsy
15. MAIDEN NAME Lillian 16. BIRTHPLACE (city or town) (State or country)	•	Where did injury or	omicide?	y, and State)
1	ion. Idaho.	place.		
18. BURIAL, CREMATION, OR REMOV Place OFFIS HILL. 19. UNDERTAKER SUMMERS & (Address) Boise, Idal	Krebs.	24. Was disease or inju		pation of deces
20. FILEB 2 - 13, 1934 C	O, W, KKOde Registrar.	(Signed)(Address)	309 Earlman B	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

MARGIN RESERVED FOR BINDING

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249-122-001-6 PLACE OF BERTH DATE OF IDAHO County of a Sa DEPARTMENT OF PUBLISH WILLIAM BURBAU OF TRAL STATES Oliv of Borne CERTIFICATE OF RE No .... Registration District No. .. (If born in hospital or institu-Prim. Registration District No. 1004 Incal Restates tion give name.) 2. FULL NAME OF CHILD 7. Logiti-If plurel 4. Twin, triplet, or other......... 6. Premature... 8. Date of S. Sex births hirth mate? 4 5. Number, in order of birth..... Full term. MOTHER 18. Full 9. Pull PATHER maiden name Dame Winlet Evangelino 9) at 19. Residence (usual place of shode) 10. Residence (usual place of abode) (If non-resident, give place and State)/9.11.14 (If non-resident, give place and State) 19 11 -11 14 PERMIANENT 11. Color or race Mt. | 12. Age at last birthday 42. (years) 22. Birthplace (city or place) 13. Birthplace (city or place) Jelas (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, CUPATION typist, nurse, clerk, etc. 24. Industry or business in which 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Woler Co. 25. Date (month and year) 26. Total time (years) spent 2 16. Date (month and year) last engaged in this work 17. Total time (years) spent must T. Il Rugard 19.39 in this work 22 in this work 2740 till Engaged 1939 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) Pater (a) Born alive and now living. 3. (b) Born alive but now dead Q. (c) Stillborn. orsecks 30. Cause of stillbirth un Ruow Before labor: 29. If stillborn. During labor..... CERTIFICATE OF ATTENDING PHYSICIAN CE MIDWIFE I hereby certify that I attended the birth of this child, who was attalliance. at 6.4. m. on the date above stated. When there was no attending physician / (Signed) or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... Registrar.

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Primary Registration District No	ery item of should state f OCCUPA-	PLACE OF DEATH DEPARTMENT OF F County of Bingham BUREAU OF VEYA CERTIFICATE	OUBLIC WELFARE DO NOT WRITE IN THIS SPACE STATISTICS OF DEATH  State File No
(a) Residence. No.  (b) Comparison of the compar			
Male White Stillborn  5a. If maried, widowed, or divorced HUSEAND of (or) Wife of X  8. Date of Birth (month, day, and year)  7. Prematire Months Days If LESS than I day, hrs. or min.  8. Trade, profession, or particular kind of work done, as spinner, X sawyer, bookeeper, etc. or min.  9. Male White Stillborn  5a. If maried, widowed, or divorced HUSEAND of (or) Wife of X  10. Date deceased last worked at year milt, bask etc.  10. Date deceased last worked at year milt, bask etc.  10. Date deceased last worked at year milt, bask etc.  11. Total time (years) scuttaring this occupation (month and year)  12. Birthelace (city or town) Blackfoot, Idaho (State or country)  13. NAME George Franklin Baggley  14. Birthelace (city or town)  15. Maiden NAME Herma Geneva Albertson  16. Birthelace (city or town)  16. Birthelace (city or town)  17. INFORMENT (Address)  18. Burilal, Captantion or Report L. Place (Address)  19. UNDERTAKER  19. U	REC PHY	(If death occurred in a hospital or institute 2. FULL NAME Stillborn 2 7 9 (1) (a) Residence. No	ion, give its name instead of street and number.)
Male White Stillborn  5a. Hereafy Certify, That I attended deceased feets and related clauses of importance (or) Wife of X  8. Date of Birth (month, day, and year)  7. Premature Months Days If LESS than I day, hrs. or min.  8. Trade, profession, or particular kind of work done, as spinner, X sawyer, bookeeper, etc. or min.  9. Male White Stillborn  5a. Date of Birth (month, day, and year)  7. Premature Months Days If LESS than I day, hrs. or min.  8. Trade, profession, or particular kind of work done, as spinner, X sawyer, bookeeper, etc. or min.  9. Months Days If LESS than I day, hrs. or min.  10. Date deceased last worked at year all, bask etc.  10. Date deceased last worked at year or min.  11. Total time (years) sent in this occupation (month and year)  12. Birthplace (city or town) Blackfoot, Idaho (State or country)  13. NAME George Franklin Baggley  14. Birthplace (city or town)  15. Maiden Name Herma Geneva Albertson  16. Birthplace (city or town)  16. Birthplace (city or town)  16. Birthplace (city or town)  17. INFORMENT (Address)  18. Burilal, Capatation, or Report L  19. Undertaker  19. U	E E	· PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Description of min.    Strade, profession, or particular kind of work done, as a spinner, X sawyer, bookeeper, etc.   Sindustry or business in which work was done, as silk mill, as well, bank, etc.   Sindustry or business in which work was done, as silk mill, as well, bank etc.   Sindustry or business in which work was done, as silk mill, as well, bank etc.   Sindustry or business in which work was done, as silk mill, as well, bank etc.   Sindustry or business in which work was done, as silk mill, as well, bank etc.   Sindustry or business in which work was done, as silk mill, as well, bank etc.   Sindustry or business in which work was done, as silk mill, as well, bank etc.   Sindustry or business in which work was done, as silk mill, as well, bank etc.   Sindustry or business in which work was done, as silk mill, as well, bank etc.   Sindustry or business in which work was done, as silk mill, as well, bank etc.   Sindustry or business in which work was done, as silk mill, as well, bank etc.   Sindustry or business in which work was done, as silk mill, as well, bank etc.   Sindustry or business in which work was done, as silk mill, as well, bank etc.   Sindustry or business in which work was done, as silk mill, as well, bank etc.   Sindustry or business in which work was done, as silk mill, as well, bank etc.   Sindustry or business in which work was done, as silk mill, as well, bank etc.   Sindustry or business in which work was done, as silk mill, as well, bank etc.   Sindustry or business in which work was done, as silk mill, as well, bank etc.   Sindustry or business in which work was done, as silk mill, as well, bank etc.   Sindustry or business in this occupation.   Sindustry or business in this occupa	ERM EXA classi	Male White or Divorced (write the worn Stillborn  5a. If maried, widowed, or divorced HUSBAND of	d) Zi. DATE OF DEATH (month, day, and year)
9. Industry or business in which work was done, as silk mill.  2. The second of this occupation (month and spent in this occupation).  2. BIRTHPLACE (city or town).  3. NAME George Franklin Baggley.  4. BIRTHPLACE (city or town).  4. BIRTHPLACE (city or town).  4. BIRTHPLACE (city or town).  5. State or country).  4. BIRTHPLACE (city or town).  5. Maiden NAME Horma Geneva Albertson.  6. State or country).  6. BIRTHPLACE (city or town).  6. State or country).  7. INFORMENT.  8. BURIAL, CREMATION OR REMOVE.  8. BURIAL, CREMATION OR REMOVE.  8. BURIAL, CREMATION OR REMOVE.  9. Industry or business in which work was done, as silk mill.  2. Other contributory causes of importance:  9. Industry or business in which work was done, as silk mill.  2. Date of in this occupation.  9. Industry or business in which work was done, as silk mill.  2. Date of in this occupation.  12. BIRTHPLACE (city or town).  13. NAME George Franklin Baggley.  14. BIRTHPLACE (city or town).  15. MAIDEN NAME Horma Geneva Albertson.  16. BIRTHPLACE (city or town).  17. INFORMENT.  18. BURIAL, CREMATION OR REMOVE.  19. UNDERTAKER.  19. OTHER OF THE COUNTY OF		6. DATE OF BIRTH (month, day, and year)  7-Premature Months Days If LESS to 1 day,	The principal cause of death and related causes of importance  were as follows:  Date of onset  4 - 2 5 - 3 4
12. BIRTHPLACE (city or town)   Blackfoot, Idaho (State or country)	SER INE GE it n bacl	8. Trade, profession, or particular kind of work done, as spinner, X sawyer, bookeeper, etc	
What test confirmed diagnosis? Was there an autopsy?  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME HORMA GONOVA Albortson 16. BIRTHPLACE (city or town) (State or country)  17. INFORMENT (Address)  18. BURIAL, CREMATION, OR REMOUL Date 19 UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Date 19.		year) occupation (month and occupation	
What test confirmed diagnosis? Was there an autopsy?  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME HORMA GONOVA Albortson 16. BIRTHPLACE (city or town) (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMENT (Address)  18. BURIAL, OREMATION, OR REMOUL Place (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Missouri  23. If death was due to exter causes (violence) fill in also the following: Accident, suicide, or homicide?  Where did injury occurr? (Specify city or town county, and State)  Specify whether injury occurred in industry in home, or in public place.  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER (Address)	TEA TEA TEA TEA	12. BIRTHPLACE (city or town) BIRCKIOUC, Idam's (State or country)	<u></u>
Accident, suicide, or homicide? Date of injury, 193. Where did injury occur? (Specify city or town county, and State)  Specify whether injury occurred in industry in home, or in public place.  Manner of injury  18. BURIAL, OREMATION, OR REMOUL Date 1, 193.4  Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed)		13. NAME George Franklin Baggley 14. BIRTHPLACE (city or town)	Name of operation
Where did injury occur?  16. BIRTHPLACE (city or town) (State or country)  17. INFORMENT (Address)  18. BURIAL, OPEMATION, OR REMOUL Place  19. UNDERTAKER (Address)  19. UNDERTAKER		(State of State )	1
17. INFORMENT (Address)  18. BURIAL, CREMATION, OR REMOUL Date up 1 193 4  19. UNDERTAKER  (Address)	Y, SH I	15. MAIDEN NAME HOTMA GONOVA ALOGICS 16. BIRTHPLACE (city or town) (State or country)  LOWA	Where did injury occur? (Specify city or town county, and State)
Place  Date 193  Place  193  Nature of injury  24. Was disease or injury in any way related to occupation of deceased  19. UNDERTAKER  (Address)  18 SURIAL, Command of injury  24. Was disease or injury in any way related to occupation of deceased  If so, specify  (Signed)  On Full 125 1934  Manual Command of injury  193  Nature of injury  (Address)  Nature of injury  (Address)  193  Nature of injury  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)			place.
as EVEN July 23 1934 / m Valus Et alue (Signed)	E E E	Place Thou Date 19	24. Was disease or injury in any way related to occupation of deceased?
	B.—W info CAU	(Address) 13 Carps a	ague (Signed) J. O. Sumplem, M.D.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

EXAMPLE I

8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

ſ	EXAMPLE II	
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5, 1927	causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis  Other Contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
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STATE OF I	
PLACE OF DEATH DEPARTMENT OF PU	
BUREAU OF VITAL	
CERTIFICATE C	
City of Blackfoot Registration District No	
Primary Registration Dist	rict No. Local Registrar's No
(No	)
(If death occurred in a hospital or institution	n, give its name instead of street and number.)
2. FULL NAME Stillborn 7 Jag	<i>gag.</i> 7.3
(a) Residence. No.	St. (If nonresident give city or town and state)
(Usual place of abode) Length of residence in city or town where death occurred. yrs. more	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed	21. DATE OF DEATH (month day, and year) > 2 1 193 4
Mole White Stillborn	22. I HEREBY CERTIFY, That I attended deceased from these
5a. If maried, widowed, or divorced	25, 1934, to 193
HUSBAND of (or) WIFE of \(\begin{array}{c}\mathbb{T}\end{array}	I last saw handles on
	to have occurred on the date stated above, at 1.3
6. DATE OF BIRTH (month, day, and year)	The puncipal cause of death and related causes of importance  were as follows:
Premature 1 day, hrs.	
5 months in Utero or min.	- 0
8. Trade, profession, or particular kind of work done, as spinner, X sawyer, bookeeper, etc.	
9. Industry or business in which work was done, as silk mill, saw mill; bank, etc.	
10. Date deceased last worked at 11. Total time (years)	Other contributory causes of importance:
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Blackfoot, Idaho	
(State or country)	_
13. NAMBeorge Franklin Baggley	Name of operation
13. NAMSeorge Franklin Baggley  14. BIRTHPLACE (city or town)  (State or country)  Missouri	What test confirmed diagnosis?
(State or country) Missouri	23. If death was due to exter'lcauses (violence) fill in also the following:
15. MAIDEN NAME Herma Geneva Albertson	Accident, suicide, or homicide? Date of injury
15. MAIDEN NAME Herma Geneva Albertson 16. BIRTHPLACE (city or town) (State or county)  IOWA	Where did injury occur?(Specify city or town, county, and State)
State or coupyy) IOWA	Specify whether injury occurred in industry in home, or in public
17. INFORMENT GEOTOL & Buggley	place
(Address) Yellofs me montane	Manner of injury
18. BURIAL, CHEMATION, OR REMOVAL	
ETPKOO	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
Carlos Um XIVI. Ch	Signed) July M.D.
29. FILED JULY 30, 1937 / Registrar.	(Agaress) flort for bow

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I	1	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

384-106.009 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. State File No. Prim. Registration District No. 2155 Local Registrar's No. 2195 GIVE NAME.) FULL NAME OF CHILD.___ (IF STILLBORN, SUBSTITUTE THE WORD "STILLBIRTH" FOR NAME OF CHILD) Twin ( Number Date of Sex of Legiti-Triplet and in order Child > hirth mate? of birth or other? ANSWERED ONLY IN EVENT OF PLURAL BIRTHS) (DAY) (YEAR) What prophylactic was used to prevent Ophthalmia Neonatorum?_____ Born alive but now dead________Stillborn_______ Full MOTHER MAIDEN Bargaret Tur Full Residence (Usual place of abode and Residence (Usual place of abode and Residence (Usual place of abode and Residence (Usual place of abode) If non-resident, give place and State_____ If non-resident, give place and State_____ Color or race Harte Age at last Birthday 45. Color or race Last Birthday 32 Birthplace Gladwin, Machine Birthplace Cedar Lake, Bick (CITY AND STATE OR COUNTY) Occupation _____ Occupation ____ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was on the date above stated. (Signature) .. *Where there was no attending physician) or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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Dr. Tylec

	10.9VG		Dr. Lycac
PLACE OF DEATH	STATE OF ID		<i>y</i>
County of Bonner	DEPARTMENT OF PUB BURBAU OF VITAL	LIC_WELFARE STATISTICS	DO NOT WRITE IN THIS SPACE
City of Sandpoint	CERTIFICATE C		State File No. 89759
	Registration District No	78	
	Primary Registration Distriction No. 906 N. El	t No2155	Local Registrar's No57
(If death occurred	d in a hospital or institution, gi	ve its name instead	of street and number)
2. FULL NAME I			200
(a) Residence. No. (Usual place of abode)	1		.st
Length of residence in city or tow	n where death occurred. yrs.	mos. ds. How long	sident give city or town and state) in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATIS		MEDICA	AL CERTIFICATE OF DEATH
3. SEX 4. Color or Ra Male White	ed or D <b>Single</b> , Married, Widow-	21. DATE OF DEA	ATH (month, day and year) July 6 1934
	1		ERTIFY, That I attended deceased from
5a. If married, widowed, or di HUSBAND of (or) WIFE of	vorcea	July 6	., 193.4., to July 6, 1934.
6. DATE OF BIRTH (month, of July 6,	lay_and year)	Wast Raw ha	live on
JULY O,			on the date stated above, at
Stillbirth	1 day, hrs	tance were as	follows:
8. Trade, profession, or part	or min	around	als Cords
kind of work done, as a sawyer, bookkeeper, etc.	Pinner, None	Depliene	
work was done, as silk n	which mill.	delivery	1 shoulders/ 1934
9 10. Date deceased last work		7.0	
ed at this occupatio (mo. and yr.)	n spent in this occupation	Other contribut	ory causes of importance:
12. BIRTHPLACE (city or tov		neff cunt.	utrue Contractions.
(State or country)	Idaho	The state of a	mes labor
E 13. NAME Earl Thu:	rlow	1	1 2 2
5 14. BIRTHPLACE (city or (State or country)	town) Michigan	Name of operatio	n
25	rgaret Tucker	23. If death was	due to exter'l causes (violence) fill in also
#		the following: Accident, suicide,	or homicide? Date of injury, 193.
5 16. BIRTHPLACE (city or State or country)			y occur?pecify city or town, county, and state)
I INTURNATION ON COMPTY	Thurlow a Ave Sandpoint I		injury occurred in industry, in home, or in
18. BURIAL, CREMATION OR	REMOVALPINECREST	empublic place	· · · · · · · · · · · · · · · · · · ·
Place Sandpoint,	Idano Date July , 9193	II.	
19. UNDERTAKER L	. Moon	II —	or injury in any way related to occupation
(Address) San	dpoint, Idaho.	of deceased?	O If so specify Littler M. D.
20. FILED July 9., 1934.		(Address)	No the or late

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 3 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

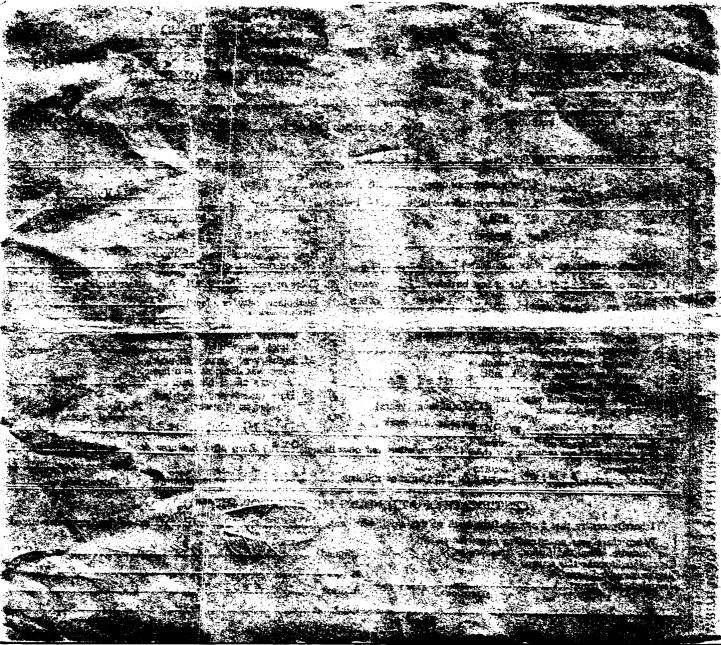
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	
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than	1. PLACE OF BIRTH AUG 8 1094	STATE OF IDAHO
# .	County of BONNER	DEPARTMENT OF PUBLIC WELFARE
of more stated.		BUREAU OF VITAL STATISTICS 223457
of n	City of Segle No. R.F.D.i St.	CERTIFICATE OF BIRTH
case o		strict No
<b>5.8</b>	Registration Di	strict NoState File No
-In c	(If born in hospital or institution prim. Registrati	ion District No. 2155 Local Registrar's No. 100
를 를	1	
in Ord	2. PULL NAME OF CHILD Still DO	בן יו
골	3. Ser and a li plural 4. Twin, triplet, or other6. Pro	emature7. Legiti- 8. Date_of birth July 20 4 34
ರ್ಷ	births 5. Number, in order of birth Fu	ll term mate? (MONTH, DAY, YEAR)
꿈뉳	9. Full FATHER	18. Full MOTHER
PERMANENT RECORD. h, and the number of each,	name Earl Ray Homer	maiden name Willhoit
自引	10. Residence (usual place of abode)	19. Residence (usual place of abode) 5251
₹#J	(If non-resident, give place and State)	(If non-resident, give place and state)
	11. Color or radia 1. 12. Age at last birthday_2I_ (years)	
A PE	13. Birthplace (city or place) Hutchison Kansas	22. Birthplace (city or place) Grandfield
⊤≹ ชั		(State or country) Oklahoma  23. Trade, profession, or particular kind
হুত্র	14. Trade, profession, or particular Farmer	of work done, as housekeepes,
THIS made	o   sawyer, bookkeeper, etc	typist, nurse, clerk, etc
王副	F 15. Industry or business in which	24. Industry or business in which work was done, as own home.
اهل	a Restad farm	lawyer's office, silk mill, etcQws. kome.
IS IN	16. Date (month and year) last engaged in this work 17. Total time (years)	0   25. Date (month and year) last   0   engaged in this work   26. Total time (years)
7 E		o spent in this work
Ž		July 19 th, 19-34
SE	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and no	w living NOM (b) Born alive but now dead _ (c) Stillbern
E P		
Þ₹	28. If stillborn, period of gestation the MO (29. Cause of stillbirt	
WITH UNFADING INF a Separate Return must	CERTIFICATE OF ATTENDING	G PHYSICIAN OR MIDWIFE D
W.S.		
	I hereby certify that I attended the birth of this child, who	was Still looms at 2.50 m. on the date above stated.
PLAINLY uid at birth,	When there was no attenting physician	igned) Ways, M. D.
E F	(etc., should make this return.	ignes,
Child	Give name added from or a supplemental report	Conducting to
	(DATE OF)	dress Sandpoint.
WRITE one cl	Fi	ed aug 2, 1934 Viola alless
¥	Registrar.	Registrar.



MAC 8 MACH	STATE OF II	II and the second secon	
I LACE OF BEATTI	DEPARTMENT OF PU: BUREAU OF VLTAL		DO NOT WRITE IN THIS SPACE
County of 300000	CERTIFICATE O	-	State File No
City of Landfort	Registration District No	~ ~	
	Primary Registration Distr		Local Registrar's No.
(If death occu	No	, give its name instead	of street and number.
(a) Residence. No(Usual place of abode) Length of residence in city or town whe	re death occurred. yrs. mos	. ds. How long in U	(If nonresident give city or town and state J. S., if of foreign birth? yrs. mos.
PERSONAL AND STATIST	CAL PARTICULARS	MEDIC	CAL CERTIFICATE OF DEATH
3,SEX 4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH	(month day, and year) July 20 1
female white	single	n <b>v.</b> /	CERTIFY, That I attended deceased from
5a. If maried, widowed, or divorced HUSBAND of		11 //	, 193 A, to Pry Z , 1
(or) WIFE of	1	I last saw halive	•
6. DATE OF BIRTH (month, day, and		The principal cause	of death and related causes of important
7. AGE Years Months	Obays If LESS than 1 day,hrs.	were as follows:	Date of
	or min.	talle	m in
8. Trade, profession, or particular kind of work done, as spinned sawyer, bookeeper, etc		721	
9. Industry or business in which	-	/ The Man	M Fest whom
5  ' '	11. Total time (years) spent in this occupation	Other contributory	causes of importance:
12. BIRTHPLACE (city or town)(State or country)	Idaho	probable C	alise 1
13. NAME End P	Homes	Name of operation	Date of
13. NAME FOR RESIDENCE (city or town)		-	liagnosis Chini d Was there an autopsy
(Blace of Country)	Kanas	23. If death was due to	exter leauses (violence) all in also the follow
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Willout	<u> </u>	nomicide? Date of injury
16. BIRTHPLACE (city or town) (State or country)	off"	Where did injury or	ccur? (Specify city or town county, and State)
- 130 G	2	Specify whether inju	ery occurred in industry in home, or in pu
17. INFORMENT (Address)	La		
18. BURIAL, CREMATION, OR REMO	VAL Date July 2/, 1934/	11	
19. UNDERTAKER 7 mul	ner co	11 /1	related to occupation of deces
(Address)	1: 0. allen	(Signed)	410, man
20. FILED June 3 / , 1934	Nota Registrar.	(Address)	Lunda I Stale

MARGIN RESERVED FOR BINDING

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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		
,	***************************************	······	•	
		}	••••	

In case of more than n order of birth stated. County of Switch and DETE OF BIRTH registration District No. (If borns Prim. Registration District No. 2/4-0 Local Registrar's No. 4/03 tion give 2. FULL NAME OF CHILD N. B.-4. Twin, triplet, or other........... 6. Premature y 7 sLegiti- Yes 8. Date Ric 3 If plural 3. Sex births Pemale RECORD. 5. Number, in order of birth..... Full term.... mete? 9. Full FATHER 18. Full MOTHER Rosella Cook name maiden A Bird Warren name 10. Residence (usual place of abode) 19. Residence (usual place of shode) PERMANENT each, and the (If non-resident, give place and State)..... (If non-resident, give place and State) 22. Birthplace (city or place) Fighy (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeping kind of work done as spinner. 24. Industry or business in which made work was done, as own home. lawyer's office, silk mill, etc.,.... þ Date (month and year) last engaged in this work
 Total time (years) spent must in this work life , 19 in this work lift 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____nonc______ WITH UNFADING R Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living...(b) Born alive but now dead......(c) Stillborn...... Before labor Ves extraction 29. If stillborn. During labor period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE A. m. on the date above stated. I hereby certify that I attended the birth of this child, who was. When there was no attending physician / (Signed) ..... or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... WRITE One chile Registrar.



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RECORD. Every item of HYSICIANS should state ixact statement of OCCE.	County of Bonniville City of Lighty R. Mo. 2	BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No			egistrar's No. /33	
ENT. Y. F	(a) Residence. No(Usual place of abode) Length of residence in city or town whe	re death occurred. yrs.	, mos. <b>ds</b> .	St. (If nonresident How long in U. S., if of foreig		
R BINDING IS A PERMANE stated EXACTLY roperly classified	3.SEX 4. COLOR OR RACE or Divorced (write the word)  5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of			TO SEE TON MADE AND THE TIME THE COMMENT AND THE PARTY OF		
FOR HIS IS Id be stop be properties of certain	6. DATE OF BIRTH (month, day, and 7. AGE Years Months 0  8. Trade, profession, or particular	Days If LES 1 day, or	S than wer	we occurred on the date state principal cause of death and re as follows:  Still Dorner , less of the state o	related causes of importance Date of ense	
IN RESERVED ADING INKTI lied. AGE shoul so that it may	kind of work done, as spinner sawyer, beokeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	l}	er contributory causes of imp	portance:	
MARGIN, WITH UNFAD) carefully supplied in plain terms, so ortant. See instru	12. BIRTHPLACE (city or town)	trh.	What	test confirmed diagnosis?leath was due to exterIcauses (	Was there an autopsy?  violence) 211 in also the following:  Date of injury, 193	
ITE PLAINLY, vation should be con B OF BEATH in DN is very important	15. MAIDEN NAME ROSSILA COOK  16. BIRTHPLACE (city or town) (State or country)  17. INFORMENT AROSH A Sind (Address)  18. BURIAL, CREMATION OR REMOVAL Place IIII Date Date 193			e did injury occur?(Specify city of fy whether injury occurred in er of injury	or town county, and State) n industry in home, or in public	
N. BWRITE informatio CAUSE O PATION	19. UNDERTAKER (Address)  20. FILEI	Certain Regis	24. Ws	as disease or injury in any way in it so, specify	related to occupation of deceased?  M. D.	

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		

PLACE OF HIRTH A DEPARTMENTO PUBLIC WALLARD BUREAU OF VITALESTATISTICS arteration District No. 3 ... State, File N. arts nothelised or testiment at a rod Mis Prim. Registration Cintrict North Land Local I PULL NAME OF CHILD .... ... arguer and first market for birth marke? Yes birth (Month) That prophylactic was used to prevent Ophthaligia Nematorum? artif tumering gailerbati anathom alds to bilds be yeden. I itorn alive but now dead MATHER Syette, Idano it was place of abode! M non-imident. give tlene and State ..... give place and State. Color or mer 11TO Age at last hirthday Color of tide the thinks of the blathing (City and State or County) (Cay and State or County) CERTIFICATE OF ATTEMPING PHYSICIAN OR MIDWIELS. אסרוד שוניצב I hereby certify that I attended the birth of this child, who was I silled on the date above stated. (Signature)...... "Where there was no consulting physician or mid-) wife, then the father, householder, etc., snould! Lassician or maintail. make this return. A stillport child is one that >netther prouthes nor above other evidence of the

STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF State File No..... Registration District No..... Primary Registration District No. 2005 Local Registrar's No (No. (If death occurred/in a hospital or institution, give its name instead of street and number) 2. FULL NAME. (a) Residence. No..... (Usual place of abode) Length of residence in city or town where death occurred, yrs, mos. ds. How long in U. S., if of foreign birth? yrs, mos. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. Color or Race | 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) ed or Divorced (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year have occurred on the date 7. AGE Months If LESS than tance were as follows: 1 day,... hrs .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ...... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc.... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ...... occupation 12. BIRTHPLACE (city or town (State or country) 13. NAME( 14. BIRTHPLACE (city or (State or country) 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. OF 16. BIRTHPLACE (city or te (State or country) state CAUSE OCCUPATIO 17. INFORMANT (Address) public place. ...... OR REMO 18. BURIAL, CREMATION Manner of injury..... of deceased?.... (Address) (Signed) (Address

DO NOT WRITE IN THIS SPACE

(If nonresident give city or town and state)

MEDICAL CERTIFICATE OF DEATH

That Is attended deceased from

stated above. at %.~ he principal cause of death and related causes of impor-

Date of onset

Name of operation...... Date of...... What test confirmed diagnosis?.... Was there an autopsy?...

23. If death was due to exter'l causes (violence) fill in also

Where did injury occur?.... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in

Nature of injury.....

24. Was disease or injury in any way related to occupation

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		Cast Center and	1 year	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		

PLACE OF BIRTH	STATE OF IDAHO
County of Canyon D	EPARTMENT OF PUBLIC WELFARE
City of Caldwell	CERTIFICATE OF BIRTH 223538
No\$t.	CERTIFICATE OF BIRTH
Lin T. A T. T	rict NoState File No
(If born in hospital or institution give name.) Prim. Registratio	n District No. 2005 Local Registrar's No. 108
Grovi	L C betitute the word "Stillbirth" for name of child)
Sex of Child G1rl Twin Triplet and in order or other? (To be answered only in event of plural bin	Legiti- Date of 7/12/34 nate? Ye Sbirth (Month) (Day) (Year)
What prophylactic was used to prevent Ophthalmia Ne	constorum? Stillborn
Number of child of this mother, including present birth	(a) Born alive and now living
Born alive but now dead	Stillborn /
FATHER	FULL MOTHER
FULL Wayne A. Roberts	MAIDEN Beatrice Grisham
Residence 110medale, Idaho (Usual place of abode)	Residence (Usual place of abode)  Home dale, Idaho
If non-resident, give place and State	If non-resident, give place and State
.15 4 A A A B B B B B B B B B B B B B B B B	Color or race white Age at last birthday 16
Color or race Inite Age at last birthday GO (Years)	Tdeho (Years)
Birthplace (City and State or County)	Birthplace (City and State or County)
Occupation Clerk	Occupation Housewife
	G PHYSICIAN OR MIDWIFE*
ODIVINION OF THE PARTY	(Bonaire) 5:45 P
I hereby certify that I attended the birth of this	child, who was Stillborn
on the date above stated.	Sast 60.
(Sign	ature)
(*Where there was no attending physician or mid-)	M. D.
(*Where there was no attending physician or mid- wife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life	(Physician or midwife)
neither breathes nor shows other evidence of life after birth.  Address	aldwell, Idaho
(	
Filed	1 13 193 + Montgomen.

STATE OF IDAMO DEPARTMENT OF VITAL PURSUES BUREAU OF VITAL PURSUES	PLACE OF BIRTH County of LAYER City of LAYER
CERTIFICATE OF BIRTH	No.
on District No. L. L. Level Bottston Miss. 19.	PULL VAME OF CHILD
Legiti- Date of V. Laber mate? Ye chirth Meach) (News)	Sex of Triplet and Incoder Child GIFI Arches answered and in event of plucii bi
constorum?	What prophylactic was used to prevent Ophthalmia N. Number of child of this mother, including present birth.
Simborn PILL MOTHER MAIDEN BOILLICE Grichess	Born alive hat now dead  PATHER  PATHER  NAME  NAME  TOTAL COLOR TO
teckdonce transport of the control o	Name Register of shoots of the state of the shoots of the
Color or race	Birthplace (Concept State or Councy)
NG PHYSICIAN OR MIDWIFE.	Occupation.  CERTIFICATE OF ATTENDE  I hereby certify that I attended the birth of this
nature)	on the date above stated. (Sign
(Physician or midwife)	"Where there was no attending physician or mid- wife, then wise tather, househilder, edd, should make this retugn. A stillborn child is see that incities bisethes one shows ourse evidence of these

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ECEIVED UG 18	*			
PLACE OF DEATH	STATE OF ID DEPARTMENT OF PUB BUREAU OF VITAL	LIC WELFARE STATISTICS	DO NOT WRITE IN	THIS SPACE
City of Coldwell	GERTIFICATE O	OF DEATH	State File No	3130
	Registration District No			42
	Primary Registration Distric		Local Registrar's No.	
	(No I in a hospital or institution, or	ive its name instead	of street and number)	w Dla
2. FULL NAME	vec 0000	10 -		$\gamma$
(a) Residence. No. (Usual place of abode) Length of residence in city or tow		(If nonremos. ds. How long)	.St. sident give city or town in U. S., if of foreign burth?	ind state) yrs. mos. d
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICA	AL CERTIFICATE OF DI	CATH
3. SEX 4. Color or Rad	ce 5. Single, Married, Widow- ed or Divorced (write the	21. DATE OF DEA	ATH (month, day and yes	r) 7-12 19:
fluide White	word)	22. I HEREBY C	ERTIFY, That I attended	deceased fro
HUSBAND of (or) WIFE of	vorceu	Mal	100 July	, 20011
6. DATE OF BIRTH (month, d	ay and year) 12-193	I last saw ha	on the date tated above	at O. J.m.
7. AGE Years Months	Days If LESS than	The principal cau	se of death and related	
	or min	'l //	······	
8. Trade, profession, or particle kind of work done, as a	pinner,	mico	on law	· · · · · · · · · · · · · · · · · · ·
sawyer, bookkeeper, etc 9. Industry or business in work was done as all to	vhich	-azza		
saw mill, bank, etc				
10. Date deceased last work ed at this occupation (mo. and yr.)		Other contribut	ory causes of importance:	- 1
12. BIRTHPLACE (city or tow (State or country)	(n) afolicel	- 2WT/	Drow	
13. NAME Jagna	a Robert	<b>d</b>	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·
14. BIRTHPLACE (city or (State or country)	town desired lan	. <b>#</b>	ned diagnosis? Was the	
15. MAIDEN NAME	alres Prober	the following.	due to exter'l causes (viol	
16. BIRTHPLACE (Aty or (State oy company)	town House	Where did injur	or homicide? Date y occur? pecify city or town, count	
17. INFORMANT (Address)	a de la lace	Specify whether	injury occurred in industr	y, in home, or
18. BURIAL, CREMATION OR	REMOVAL 7 / 13	_    \	y	
Place	Date 7. 1.3, 198	Nature of injury	or injury in any way rela	led to occupati
19. UNDERTAKER (Address)	taxel for	of deceased?.	Ast of gray Town	ر
20. FILED. 71.4, 193.4.	See Minitariem Robistrar.	(Signed) (Address)	() Theede	see da

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

MPLE II	
DEATH and related Date of follows:	f onset
1 week	k ago
1 week	k ago
3 days	
s of importance:	ar
YSICIAN	
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County of Carried —In case of môre the DEPARTMENT OF PUBLIC WHITARE BUREAU OF VITAL STATISTICS. Registration District No. State File No. (If born in hospital or institu-Prim. Registration District No. 2005 Local Registrar's No. 1/6 tion give name.) 2. FULL NAME OF CHILD 4. Twin, triplet, or other.......... 6. Premature... 7. Legiti-[f nlure] 8. Date of 2. Sex births birth. 5. Number, in order of birth..... r RECORD. Full term .... 9. Full FATHER 18. Full MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of chode) PERMANENT each, and the (If non-resident, give place and State) 20. Color or race Milital 21. Age at last birthday ... I (years 11. Color or race uract 12. Age at last birthday 3. I (years) 13. Birthplace (city or place) Junuston, Idalas 22. Birthplace (city or place). Question. Ostgon (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper typist, nurse, clerk, etc. kind of work done, as spinner, 15. Industry or business in which 24. Industry or business in which be made work was done, as silk mill. work was done, as own home. sawmill, bank, etc. lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work 26. Total time (years) spent last engaged in this work 17. Total time (years) spent 16. Date (month and year) INK-27. What prophylactic was used to prevent Ophthalmia Neonatorum? Roul WITH UNFADING R Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn. . . . sing Before labor months or weeks 30, Cause of stillbirth 29. If stillborn, During labor. Miller Bill Billing Kuther Charles CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE m. on the date above stated. I hereby certify that I attended the birth of this child, who was..... When there was no attending physician / (Signed) P. 6 thenberge or midwife, then the father, householder, etc., should make this return. ä WRITE PL Give name added from a supplemental report..... Address ..... Registrar.

All Comments

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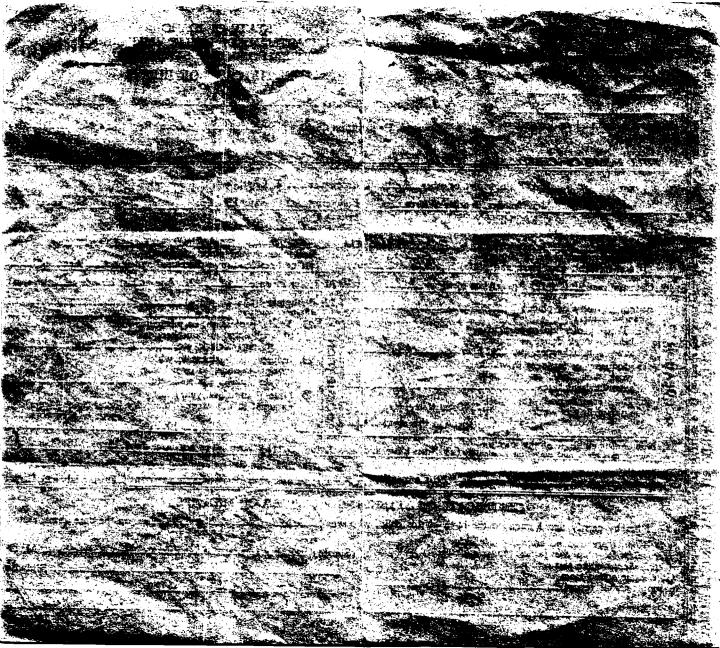
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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County o BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH ___State File No.____ Registration District No..... Accal Registrar's No. (If born in hospital or institution Pon. Registration District No. atve name.) 2. FULL NAME OF CHILD. plurei 4. Twin, triplet, or other_16. Premature___7. Legitibirth. 5. Number, in order of birth . G Full terms and mater ONTH, DAY, YEAR) 18. **(Fl**i 9. Full FATHER Residence (usual place of abode) 19. Residence (usual place of about) (If non-resident give place and state) (If non-resident, dive place and State) 20. Color or race. 21. Age at last birthday 12. Age at last in the 11. Color or race 22. Birthplace (city or place)_____ 13. Birthplace (city or place)___ (State or country) (State or country 23. Trade, profession, or particular kind 14. Trade, profession, or particulaof work done, as housekeeper, kind of work done, as spinner. typist, nurse, clerk, etc.____ sawyer, bookkeeper, etc. 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc .__ sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last engaged in this work 26. Total time (years) spent in his work_. spent in this work. (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead____ (c) Stillborn_ 27. Number of children of this mother Before labor 28. If stillborn. ( months 29. Cause of allbir another During labor 34 period of gestation_ CERTIFICATE OF ATTENDING PHYSICIAN OF TOWIFE at an on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician ) or midwife, then the father, householder, etc., should make this return. .. Midwife Give name added from a supplemental report Address (DATE OF) Registrer.



STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of
or occupation.—I recise statement of occupation is very important, so that the relative healthfulness of
various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-
ceased had retired from business, report the occupation priorto retirement. Children not gainfully employed may be re-
turned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in
answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, how-
ever, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who
had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1!	EXAMPLE II	
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
-		
	Other CONTRIBUTORY CAUSES of importance:	
May 1, 1923	Gastroenteritis	1 year
FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	1915 1921 July 5, 1927 May 1, 1928	Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis  Other CONTRIBUTORY CAUSES of importance:

RECEIVED JUL County of hoo list DEPARTMENT OF PUBLIC WELFARE BURBAU OF VITAL STATISTICS City of ...... Cose CERTIFICATE OF BIRTH Registration District No. State File No. (If born in hospital or institu-Prime Registration District No. 1050 Local Registrar's No.29 tion give name.) 2. FULL NAME OF CHILD ...... N. B.-4. Twin, triplet, or other fee 7. Logitiif plural Premature. 8. Date o 8. Sex births 5. Number, in order of birthar. Full term 144 mate? 6 RECORD. 9. Full 18. Full MOTHER name maiden nama 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) I did (If non-resident, give place and State) Ild 11. Color or race. W. | 12. Age at last birthday 3 4 (years) 20. Color or race. M. | 21. Age at last birthday J. PERMANI each, and 13. Birthplace (city or place) 13. C. 22. Birthplace (city or place) Line Clu. (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeepen ! kind of work done, as spinner, A OCCUPATION OCCUPATION sawyer, bookkeeper, etc typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which made work was done, as silk mill, work was done, as own home. lawyer's office, silk mill, etc. 8 25. Date (month and year) last engaged in this work 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent must resent 19..... in this work..... in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Repairs 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1....(b) Born alive but now dead......(c) Stillborn..... Before labor..... months 29. If stillborn. During labor...Ld CERTIFICATE OF ATTENDING PHYSICLE I hereby certify that I attended the birth of this child, who we m. on the date above stated. When there was no attending physician ! or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... (Date of) Registrar.

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of more than of birth stated STATE OF IDAHO DEPARTMENT OF RUBLIC WELFARE OFFICE County of ... BURBAU OF VITAL BRATISTICS City of.... CERTIFICATE OF STRIFE Registration District No. ..... (If born in hospital or institu-Prim. Registration District No. 2015 Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD. 혀혈 7. Legiti-If plural 4. Twin, triplet, or other................................... 6. Premature... 8. Date 6 births Ema birth RECORD. 5. Number, in order of birth.... Full term. 9. Full FATHER MOTRER 18. Full name maiden A name . Sith Kuch 19. Residence (usual place of abode) 10. Residence (usual place of abode) PERMANENT each, and the (If non-resident, give place and State). (If non-resident, give place and State) . 20. Color or race 20 | 21. Age at fast birthday 18 Color or race Zd. | 12, Age at last birthday - Tyears 13. Birthplace (city or place) Robins 22. Birthplace (city or place) (State or country) (State or country) each, 14. Trade, profession, or particular-23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housebeaper. OCCUPATION sawyer, bookkeeper, etc .... Jarmarı OCCUPATION typist, nurse, cierk, etc. decete 24. Industry or business in which: 15. Industry or business in which made work was done, as silk mill, work was done, as own home, sawmill, bank, etc.... lawyer's office, silk mill, etc. 2 16. Date (month and year) last engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work 26. Total time (years) epent must ...... 19 in this work in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum! WITH UNFADING Separate Betarn 28. Number of children of this mother (At time of this birth and including this child) months Before labor..... 29. If stillborn. or weeks 30. Cause of stillbirth..... period of gestation..... During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE Am. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician ! (Signed) ..... or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... WRITE One child Address Filed... Registrar.

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TMENT OF PUBLIC WELFARE PERMANENT RECORD. Every item the EXACTLY. PHYSICIANS show BURHAU OF VITAL STATISTICS County of ... Registration District No...... Primary Registration District No. 24.1 (No. ...... free in a hospital or institution give its name instead of street and number) 2. FULL NAME. (a) Residence. No.... (Usual place of abode) Length of residence in city or town where death occurred, yrs, mos. ds. How long in U. S., if of foreign barth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. Color or Race 5. Single, Married, Widow. 21. DATE OF DEATH (month day and year), ed or Divorced (write the word) 22. I HEREBY CERTIFY, That I Atended deceased from 5a. If married, widowed, or divorced HUSBAND of to .. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on 7. AGE Years Months Dava If LESS than 1 day,... hrs. or .... min. 8. Trade, profession, or particular kind of work done, as apinner. sawyer, bookkeeper, etc ...... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc.... 10. Date deceased last work- 11. Total time (years) ed at this occupation spent in this (mo. and yr.) ..... occupation ... 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) DEAT What test confirmed diagnosis?.... Was there an autopsy (State or country) 15. MAIDEN NAME the following: Q. 16. BIRTHPLACE (city or town) Where did injury occur?..... (State or country) nformation shatate CAUSE 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... Date..... 193. Nature of injury.... 19. UNDERTAKER of deceased?.... (Address) (Signed) .... 20. FILED 2. - 2. 3. ... 1984. (Address) Registrar.

DO NOT WRITE IN THIS SPACE

State File No..... Local Registrar's No..... (If nonresident give city or town and state)

MEDICAL CERTIFICATE OF DEATH 198

date stated above, at ......m. The principal cause of death and related causes of impor-

Other Kontributory causes of importance:

Name of operation...... Date of......

23. If death was due to exter'l causes (violence) fill in also

Accident, suicide, or homicide?..... Date of injury.., 193.

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

24. Was disease or injury in any way related to occupation

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as soinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

#### EXAMPLE 1 . EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related Date of onset The PRINCIPAL CAUSE OF DEATH and related Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Iulv 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 year ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

han	1. PLACE OF BIRTH AUG 7 1004	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE
5-6	County of My P Ercs	BUREAU OF VITAL STATISTICS
more stated.	City of Mishour	CERTIFICATE OF BIRTH 223830
유된	NoSt.	District No. 92 State File No.
3.5		2/70
구입	(If born in hospital or institution give name.)	tration District No. 2/70 Local Registrar's No. 33
N. B.	2. FULL NAME OF CHILD Baby 2	lus nisa
CORD.	3. Sex M If plural 4. Twin, triplet, or other6. births 5. Number, in order of births6.	//   hieth / 193.72
REC	9. Full // FATHER	18. Full MOTHER
片創	name Win mianer	marden Grass Strurus
PERMANENT h, and the num	10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and state) **Markova***
and t	11. Color or race 12. Age at last birthday 55. (yes	ars) 20 Color or men # 21 Age at last hirthday 30 (vents)
· · uı	13. Birthplace (city or place) Melyosy I da	22. Birthplace (city or place) Pocetallo Vda (State or country)
IS A for ea	14. Trade, profession, or particular	23. Trade, profession, or particular kind
de SI	sawyer, bookkeeper, etc	
	work was done, as silk mill,	27. Industry of business in which work was done, as own home, lawyer's office, silk mill, etc
G INK-	sawmill, bank, etc.  16. Date (month and year) last engaged in this work  7 / 244 spent in this work	25. Date (month and year) last engaged in this work 26. Total time (years)
RETURN RETURN	1921	1934
A F	(At time of this birth and including this child) (a) Born alive and	now living O (b) Born alive but now dead O (c) Stillborn
	28. If stillborn, period of gestation 7 months or weeks 29. Cause of still	birth Aztrached Placeutos Before labor The During labor
SEPA	CERTIFICATE OF ATTEND	DING PHYSICIAN OR MIDWIFE
3 €	I hereby certify that I attended the birth of this child, w	ho was Still Born a Mooren, on the date above stated.
ZE	When there was no attending physician or midwife, then the father, householder,	(Signed) & E, Hatte M. D.
Z P	( etc., should make this return.  Give name added from	or, Midwife
면 된	a supplemental report(DATE OF)	Address
RIT	адамического поставления поставления поставления поставления поставления поставления поставления поставления по	Filed 7 7 7 1934 & & [ 12 12 12 12 12 12 12 12 12 12 12 12 12
8	Registrar.	

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		STATE OF I	IC WELFARE	DO NOT WRITE	N THIS SPACE
	PLACE OF DEATH	BUREAU OF VETAL S CERTIFICATE OF		State File No	89961
Cor	anty of My Perer Regist	ration District No		2000 1100 1100	64
		ry Registration Distri		Local Registrar's	No
	(No			)	
o .		MAN SA		nstead of street and nur	A A A
	q	•			<i>y</i> - **
	(Usual place of abode)		(I:	f nonresident give city	or town and State)
Len	gth of residence in city or town where death o	ccurred yrs. mos.	ds. How long in U. S.		yrs. mos. ds.
	PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL	. CERTIFICATE OF DI	EATH
3 8	BEX 4 COLOR OR RACE 5 Sing	ile, Married, Widowed, orced (write the word)	16 DATE OF DEATH	7 7	
	77	inch	(Month)	(Day)	<u>19</u> 34
5a	If married, widowed, or divorced			(Day)	(Ical)
	HUSBAND of (or) WIFE of		17 I HEREB	Y CERTIFY, That I att	ended deceased from
	Ь,	7 /0.41.		, 19, to	
	DATE OF BIRTH (month, day and year) 7 (AGE Years Months Days	If LESS than	that I last saw h	d, on the date stated ab	, 19,
• •		1 day, hrs.	The CAUSE OF DEAT		ove, at
8 (	OCCUPATION OF DECEASED		Still	Ronn	
	(a) Trade, profession, or particular kind of work	nh	g	<u>'                                    </u>	f
	(b) General nature of Industry,		Dehachso	Placen	har
	business, or establishment in which employed (or employer)			(duration) yrs	mos ds.
	(c) Name of employer		CONTRIBUTORY(Secondary)		***************************************
	giffor	of dela		(duration)yrs	mos ds.
A 1	SIRTHPLACE (city or town) (State or country)		18 Where was disease of if not at place of de	contracted	
	10 NAME OF FATHER IL M. 1		11	de death? Date o	of
-	Mis	ner	Was there an autopsy?		
£	11 BIRTHPLACE OF FATHER (city or town) (State or country)	) 	What test confirmed di	lagnosis?	· · · · · · · · · · · · · · · · · · ·
RENT	(state or country) Melvese	x our	(Signed)		Juliano M. D.
Ā │	12 MAIDEN NAME OF MOTHER Grass	Strong	7-7 19.2	(Address)	
ŀ	13 BIRTHPLACE OF MOTHER (city or town	) 4 4		CAUSING DEATH, or	
	(State or country) Pocatello	Ida		(1) MEANS AND NA DENTAL, SUICIDAL, or	
14	Them min	w	19 Place of Burlal, Cre		Date of Burial
	(Address) Mylwy Ulo		1	_ `	7-7 19-34
	7,7007,111	N // 1/	20. Undertaker Gro Hatav	4 200.	Address
15	Filed 7 ~ 7 , 19.14 6,	6 Hatts	Gen States	n ast	M Eleven
		\ Registrar	11 10 20 77		- 300 000

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," 'Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using aways the same accepted

term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report 'Typhoid Pneumonia'); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma. Carcoma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma." 'Convulsions," "Debility," ("Congenital." "Senile." etc.). "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock, "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia." "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICID-AL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

215-217,035-95 STATE OF IDAHO DEPARTMENT OF PUBLIC WILLFARD BUREAU OF VPTAL STATISTICS of more City of ... CHENIFICATE OF RIGHT Noa Registration District No. 1009 State File No. (If born is hospital or institu-Prim. Registration District No. 4.60. Local Registrar's No. tion give name.) June 2. FULL NAME OF CHILD 7. Legiti-8. Date of If plural 3, Sex birth. births 5. Number, in order of birth..... Full term. RECORD 18. Full 9. Full FATHER Regenold maiden name name 19. Residence (usual place of abode) Ruyster (If non-resident, give place and State) 10. Residence (usual place of abode present and (If non-resident, give place and State). ENT. 20. Color or race 22. | 21. Age at last birthday 3.k... (years) 11. Color or race 20. | 12. Age at last birthday 28. (years) FERMANNE 13. Birthplace (city or place) 22. Birthplace (city or place). (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper/ typist, nurse, clerk, etc. kind of work done, as spinner, CUPATION be made for e sawyer, bookkeeper, etc ........ 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc. sawmill, bank, etc..... 16. Date (month and year) last engaged in this work 17. Total time (years) spent Date (month and year) last engaged in this work
 Total time (years) spent musi in this works ale and ....., 19..... in this work believed 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Mitte WITH UNFADING Separate Beturn 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5...(b) Born alive but now dead. Q...(c) Stillborn. ..... Before labor..... months or weeks 50. Cause of stillbirth. 29. If stillborn, period of gestation July one During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE born at 122 m. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician i (Signed) or midwife, then the father, householder, etc., should make this return. Give name added from TE PI a supplemental report.... (Date of) Filed..... Mitrar. Registrar.



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should state STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE PLACE OF DEATH BUREAU OF VITAL STATISTICS 89955 County of Nez Perce CERTIFICATE OF DEATH State File No..... Lewiston statement Registration District No..... PHYSICIANS Primary Registration District No... 9.6. Local Registrar's No..... RECORD. St. Joseph's Hospital Infant Daughter R. H. Baer 2. FULL NAME.... Lewiston Orchards Residence. No..... (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. (Usual place of abode) Length of residence in city or town where death occurred. yrs. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, 3.SEX 4. COLOR OR RACE 21. DATE OF DEATH (month day, and year) or Divorced (write the word) I HEREBY CERTIFY, That I attended deceased from Female White Dingle 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of to have occurred on the date stated above, at......m. 17. 1934 6. DATE OF BIRTH (month, day, and year) June The principal cause of death and related causes of importance were as follows: If LESS than Date of onset 7. AGE Years Months Days 1 day,.....hrs. 0 min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc...... None OCCUPATION 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... None Other contributory causes of importance: 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and occupation..... vear) Lewiston 12. BIRTHPLACE (city or town)....... (State or country) daho R. H. Baer FATHER 13. NAME Name of operation... ... Date of ...... Not known What test confirmed diagnosis? ...... Was there an autopsy? .... important. 14. BIRTHPLACE (city or town) North Dakota (State or country) 23. If death was due to exter leauses (violence) fill in also the following: ü Not known Accident, suicide, or homicide?...... Date of injury......., 193. 15. MAIDEN NAME DEATH Not known Where did injury occur? 16. BIRTHPLACE (city or town) (Specify city or town county, and State) (State or country) Iowa Specify whether injury occurred in industry in home, or in public R. Schnable 17. INFORMENT Lewiston Orchards (Address) Manner of injury..... 18. BURIAL, LEWISTON, Tolaho Date 6-18 Nature of injury 19. UNDERTAKER Vas sar-Shaughnessy Mortuary4. Was disease or injury in any way related to occupation of deceased? (Address) Lewiston, Tdaho ..... If so, specify 20. FILED

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related The PRINCIPAL CAUSE OF DEATH and related Date of onset Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 year ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

959-120-038-189 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE 223894 BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH State File No..... Registration District No.... Prim. Registration District No. Local Registrar's No. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD If plural 4.Twin triplet, or other............. 6. Premature....... 7. Legiti-Date of birth May 20, 193. 3. /Sex. mate? HO (Month, Day, Year) births 5.Number, in order of birth..... Full term..... sema MOTHER 18. Full FATHER Full maiden name name ż 19. Residence (usual place of abode) Tayl 10. Residence (usual place of abode) Partition PERMANENT RECORD. (If non-resident, give place and State).... (If non-resident, give place and State) 20. Color or race 21. Age at last birthday 39 (years) 11. Color or race M. 12. Age at last birthday 4 (years) mac 22. Birthplace (city or place)..... 13. Birthplace (city or place) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, typist, nurse, clerk, etc. kind of work done, as spinner, Rause sawyer, bookkeeper, etc. 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, sawlawyer's office, silk mill, etc. mill, bank, etc. 25. Date (month and year) 16. Date (month and year) last engaged in this work 17. Total time (years) last engaged in this work 26. Total time (years) spent in this work..... spent in this work..... ....., 19..... (At time of this birth and including this child) (a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn I.... 27. Number of children of this mother UNFADING must Before labor..... PLAINLY WITH UNI SEPARATE RETURN months 28. If stillborn. or weeks 29. Cause of stillbirth Lace Tra n During labor... period of gestation... CERTIFICATE OF ATTENDING PHYSICIAN OF MINISTER that I attended the birth of this child, who (Signed) and at / am, on the date above stated. Address (Born Alive on stillborn) When there was no attending physician or midwife, then | || Filed XVVV 7 ..., 193 the father, householder, etc., should make this return.

more than one child at birth

TTHE LO SO legistration District. No...... Prim - Regelstration District No. TELEMENT OF CHILDEN e. Prespatere..... Morell Day Your Full term..... to Manhar, in order of birth .. 118. Full maiden 90060 19. Rueidence (usual place of abedut Lesidence (donal-place of about (1) non-resident, give place and Start) If son resident Live place the that Shribday 2.36 ( pears) 190. Color or pace ........ 22. 1 ge at last birthile. 22. Biethplace (city or place). Statuted (city or place) with a soulded State or country (Voltation of gis Trade, profession, or por inlar kind Freeds, gentlement, or particular of work dand, as honseders we thrush a nurse, derk, etc..... dereyes, bookseaper, etc. 2 ..... 24. Industry or business in which Legisles or business in which work was done, as own heres, lawyer's office, silk will, etc. will bank etc. 25. Date (month sad year) *S (ff. 1) and (ment) and rear) instancy ears) last engaged in this work 'f. Total time (venus) arow alds middle. spent in this work...... Aurobor of allfillium of this mother (a) Born alice and new living (22. (b.) Born alive but now deed ... (1) Still this with and including this called (a) Born alice and new living (22. (b.) Born alice of the still and including this call (a) Born alice and new living (22. (b.) Born alice of the still and the What prophylactic was used to prevent Ophthaleya Secural arms. 28. If stillborn. moith thou for helps It only occurs but amond single this child, who (Signed) ... William Se at ...... to on the date above stated. Pency there was nowskending brusto a or miduate, then Pilon Add & the father meantaider etc. should make the return.

STATE OF IDAHO DO NOT WRITE IN THIS SPACE -PLACE OF DEATH RITHENT OF PUBLIC WELFARE ORD. Every item of PHYSICIANS should BUREAU OF VITAL STATISTICS County of... ATE OF DEATH State File No..... Registration District No.... Local Registrar's No Primary Registration District No. ERMANENT RECORD. hospital or institution give its name instead of street and number) FULL NAME... Residence. No... (If nonresident give city or town and state) (Usual place of abode) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. Length of residence in city or town where death occurred. vrs. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. Color or Race 5. Single, Married, Widow-21. DATE OF DEATH (month, day and year) Mac 20193 ed or Divorced (write the word) 22, I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-If LESS than 7. AGE Months Vears Date of onset tance were as follows: 1 day.... hrs. or .... min 8. Trade, profession, or particular kind of work done, as spinner, nawyer, bookkeener, etc..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc.... 10. Date deceased last work- 11. Total time (years) Other contributory causes of importance: ed at this occupation spent in this occupation . (mo. and yr.) ...... 12. BIRTHPLACE (city or town) (State or country) 13. NAME Name of operation..... What test confirmed diagnosis? ... Was there an autopsy? 14. BIRTHPLACE (city or town) (State or country) 23. If death was due to exter'l causes (violence) fill in also DE the following: 15. MAIDEN NAME Accident, suicide, or homicide?..... Date of injury.., 193. Where did injury occur?.... 16. BIRTHPLACE (city or town) (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or in public place. ..... (Address) Manner of injury..... 18. BURIAL. OCCUP. Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? No

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	EXAMPLE I EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Arteriosclerosis 1915  Chronic interstitial nephritis 1921		The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy Run over by street car Peritonitis  Other Contributory Causes of importance:	Date of onset  1 week ago 1 week ago 3 days ago
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFA County of BUREAU OF VITAL STATISTICS City of., CERTIFICATE OF BIRTH Registration District No. 123 State File No. (If born in hospital for institu-Prim. Registration District No. 220/ Local Registrar's No. tion give name.) unce 2. FULL NAME OF CHILD. N B. 7. Legiti-[f plural 8. Date births birth... mate 2000 Full term 5. Number, in order of birth..... RECORD. 9. Full FATHEIR 18. Full ( MOTHER name maiden esrae name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) smellervelle PERMANENT (If non-resident, give place and State) 20. Color or race 21. Age at last pirthday 30 (years 11. Color or race ..... | 12. Age at last birthday & (years) 22. Birthplace (city or place).....Q (State or country) (State or country) each. 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper. kind of work done as spinner OCCUPATION typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which made work was done, as silk mill. work was done, as own home. lawyer's office, silk mill, etc. 25. Date (month and year) 26. Total time (years) spent ě 16. Date (month and year) last engaged in this work 17. Total time (years) spent must in this work 534 ....., 19...... ...... 19..... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead......(c) Stillborn...... Before labor..... months 29. If stillborn. or weeks 30. Cause of stillbirth. During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE adligilm. on the date above stated. I hereby certify that I attended the birth of this child, who was a LAINLY at birth When there was no attending physician / or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... Address ..... Filed Clus, 10-One Registrar.

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PLACE DEATH DEPARTMENT OF PUBL	IC WELFART DO NOT WRITE IN THIS SPACE
County of April Section CERTIFICATE O	E DEATH 90081
City of Selling CERTIFICATE O	
// Registration District No	
Primary Registration District	No. 220/ Local Registrar's No. 43
(If death occurred in a hospital of postitution, giv	)
2. FULL NAME DE LES	re its name instead of street and number)
(a) Residence. No	
Length of residence in city or town where death occurred. yrs.	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. Color of Race 5. Single, Married, Widow.	MEDICAL CERTIFICATE OF DEATHANDERS
ed or Divorced (write the	21. DATE OF DEATH (month, day and year) 4 9 1934
5a. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from
HUSBAND of (or) WIFE of	, 193, to, 193
6. DATE OF BIRTH (month, day, and year)	I last saw halive on, 193: death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, atm. The principal cause of death and related causes of impor-
1 day, hrs.	tance were as follows:
8. Trade, profession, or particular	dtilborn
kind of work done, as spinner, sawyer, bookkeeper, etc.	
kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill. saw mill, bank, etc.  10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this	
saw mill, bank, etc.  10. Date deceased last work. 11. Total time (years)	
ed at this occupation spent in this (mo. and yr.) occupation	Other contributory causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Levra D. Curc	Buch Subscation - 1-1930
14. BIRTHPLACE (city or town)	Name of operation Duck. Whillien Date of 7.1954
(State or country)	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to exter'l causes (violence) fill in also
15. MAIDEN NAME Stery fugheson	the following: Accident, suicide, or homicide? Date of injury, 198.
13. NAME LOVACU. CHECK  14. BIRTHPLACE (city or town) Minitigual  (State or country)  15. MAIDEN NAME Strucks  16. BIRTHPLACE (city or town)  (State or comply)	Where did injury occur?
17. INFORMANT Torye L. Ciercy.	Specify whether injury occurred in industry, in home, or in
18. BURIAL, CREMATION OR REMOVAL	public place
Place Celling July Date hely 21, 1934	Manner of injury
19. UNDERTAKER M. C. Thorodoxico	24. Was disease or injury in any way related to occupation
(Address) Stellenge Ida	of deceased? If so, specify
20. FILED aug 1.0, 1984. M. Jakfata. Registrar.	(Signed) Hartel ( Underwork) M. D. (Address) Lellogo

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

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EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Dute of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
			- Journal of the second of the
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

Charles Tar 1 1 PLACE OF BIRTS STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Madda BUREAU OF VITAL STATISTICS City of Turn CERTIFICATE OF BURTH Registration District No. 3 7 State File No. (If born in hospital or institu-Prim. Registration District No. 2085 Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD 8. Date of If ninral 3. Sex birth... births 5. Number, in order of birth..... Full term. L. M. mate? . C. (Month, Day, Year 18. Full MOTHER 9. Full FATHER. maiden **∧name** name Fomul ll one 10. Residence (usual place of abode) f smlusly Residence (usual place of abode) (If non-resident, give place and State)..... (If non-resident, give place and State). 20. Color or race ... 1 21. Age at last birthday 22. Birthplace (city or place) William 13. Birthplace (city or place) Kould also (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper. kind of work done, as spinner, sawyer, bookkeeper, etc. Jeachur 24. Industry or business in which 15. Industry or business in which work was done, as own home, must be made work was done, as silk mill. sawmill, bank, etc. Coulle Harc lawyer's office, silk mill, etc. 25. Date (month and year) along last engaged in this work 26. Total time (years) spent 16. Date (month and year) Instended in this work 17. Total time (years) spent INK in this work beleen 1924 in this work..... 27. What prophylactic was used to prevent Ophthalmid Neonatorum! Lucy nut WITH UNFADING Separate Return 28. Number of children of this mother (At time of this birth and including this child) Before labor..... months 29. If stillborn. During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was..... m. on the date above stated. # Balliborn) When there was no attending physician ! or midwife, then the father, householder, etc. should make this return. Midwife Give name added from WRITE One child a supplemental report..... (Date of) Registrar.





IT RECORD. Every item of PHYSICIANS should state Exact statement of OCCU.	PLACE OF DEATH County of Twin Falls City of — Twin Falls CERTIFICATE O Registration District No Primary Registration District No Primary Registration District No Primary Registration District No City death occurred in a hospital or institution, CITY in Falls Ge (If death occurred in a hospital or institution, CITY in Falls Ge (If death occurred in a hospital or institution, CITY in Falls Ge (If death occurred in a hospital or institution, CITY in Falls COUNTY OF TWIN FALLS (No. Twin Falls Ge (If death occurred in a hospital or institution, CITY in Falls CERTIFICATE O Registration District No (No. Twin Falls Ge (If death occurred in a hospital or institution, CITY in Falls CERTIFICATE O Registration District No (No. Twin Falls Ge (If death occurred in a hospital or institution, CITY in Falls Ge (If death occurred in a hospital or institution, CITY in Falls Ge (If death occurred in a hospital or institution, CITY in Falls Ge (If death occurred in a hospital or institution, CITY in Falls Ge (If death occurred in a hospital or institution, CITY in Falls Ge (If death occurred in a hospital or institution, CITY in Falls Ge (If death occurred in a hospital or institution, CITY in Falls Ge (If death occurred in a hospital or institution, CITY in Falls Ge (If death occurred in a hospital or institution, CITY in Falls Ge (If death occurred in a hospital or institution, CITY in Falls Ge (If death occurred in a hospital or institution, CITY in Falls Ge (If death occurred in a hospital or institution, CITY in Falls Ge (If death occurred in a hospital or institution, CITY in Falls Ge (If death occurred in a hospital or institution, CITY in Falls Ge (If death occurred in a hospital or institution, CITY in Falls Ge (If death occurred in a hospital or institution, CITY in Falls Ge (If death occurred in a hospital or institution, CITY in Falls Ge (If death occurred in a hospital or institution, CITY in Falls Ge (If death occurred in a hospit	LIC WELFARE DO NOT WRITE IN THIS SPACE STATISTICS F DEATH 37 ct No. 2085 Local Registrar's No. 15.2	
NE.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
₹5.5	3.SEX 4. COLOR OR RACE or Divorced (write the word) Male White Single	21. DATE OF DEATH (month day, and year) Fully 26 1934 22. I HEREBY CER'IIFY, That I attended deceased from	
R BINDING IS A PERM stated EXAC roperly class certificate.	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	It last saw h. Marson on 193 to 193 to 193 to have occurred on the date stated above, at .7. 30 m. PM.	
HIS ld be p be p	6. DATE OF BIRTH (month, day, and year) July 26-1934 7. AGE O Years O Months O Days If LESS than 1 day,hrs. ormin.	The principal cause of death and related causes of importance were as follows: Date of onset O Clauses	
ESERVED GINKTI AGE shoul at it may leat it may leat on on back	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank etc.		
IN RE DING ied. A so the	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Other contributory causes of importance:	
ARG NFA suppl rms,	12. BIRTHPLACE (city or town) Twin Falls. (State or country) Idaho.		
S t d K		Name of operation matumental Date of	
VITH refull plain aut.	13. NAME Don D. Gibbs, 14. BIRTHPLACE (city or town) Idaho.	What test confirmed diagnosis? Was there an autopsy?	
~ = - =	(Didde of States)	23. If death was due to exter icauses (violence) fill in also the following: Accident, suicide, or homicide?	
LAINLY, V should be ca DEATH in	15. MAIDEN NAME Leone Hartvigson 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?	
	17. INFORMENT Don D. Gibbs Kimberly, Idaho.	Specify whether injury occurred in industry in home, or in public	
TE P tion COF	18. BURIAL, CREMATION, OR REMOVAL JULY 17 3	Manner of injury	
WRITE informatio	19. UNDERTAKER S. C. Phillips	24, Was disease or injury in any way related to occupation of deceased?	
inform CAUS PATIO	(Address) Twin Falls, Idaho.	(Signed) Lawran C. Fally, M. D.	
# Z	20. FILED July 2 7 193 4 Flat: Halley M. Registrar.	(Address) July Falls Nesko	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

EVAMBLE I

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the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE 1		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
		700	

STATE OF IDAHO County of Zun DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS order of birth CERTIFICATE OF BIRTH Registration District No. ...State File No. (If born in hospital or institu-Prim. Registration District No. 1085 Local Registrar's No. 308 tion give name.) 2. FULL NAME OF CHILD each. 3. Sex a [f plural 4. Twin, triplet, or other 6. Premature 7. Legiti-8. Date of births birth. 5. Number in order of birth.... ㅎ Full term mate?.. RECORD 9. Full FATHER number 18. Fn11 MOTHER name maiden /name La Cinders 10. Residence (usual place of abode) PERMANENT each, and the r 19. Residence (usual place of abode) (If non-resident, give place and State) lawy (If non-resident, give place and State) 11. Color or race wife 12. Age at last birthday & 3 (years) 20. Color or race 126 | 21. Age at last birthday 4. (years 13. Birthplace (city or place) 22. Birthplace (city or place) 4008 Cata (State or country) Kans (State or country) Rouse 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner sawyer, bookkeeper, etc former OCCUPATION 15. Industry or business in which 24. Industry or business in which made work was done, as silk mill, work was done, as own home, sawmill, bank, etc..... lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) ast engaged in this work 26. Total time (years) spent last engaged in this work 17. Total time (years) spent must in this work. XO. in this work ZO 27. What prophylectic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. 3...(b) Born alive but now dead. 6...(c) Stillborn... months Before labor. 29. If stillborn, or mocks 30. Cause of stillbirth period of gestation. O During labor CERTIFICATE OF ATTENDING PHYSI I hereby certify that I attended the birth of this child, who was at II. m. on the date above stated. When there was no attending physician / or midwife, then the father, householder, (Signed) etc., should make this return. Give name added from a supplemental report..... chil Address Registrar.

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•	2 2 E	STATE OF ID	АНО
	item of	PLACE OF DEATH DEPARTMENT OF PUB	BLIC WELFARE DO NOT WRITE IN THIS SPACE
	-	County of June Fall, BUREAU OF VITAL S CERTIFICATE O	
	of t	City of Jerica Talls Registration District No	37
F	NS	Primary Registration Distric	ict No. 1285 Local Registrar's No. 136
5	SICIA state	(No. Mondoolly) (If death-occurred in a hospital or institution,	Malermy Home
É		2. FULL NAME Daby Sinih	give its name instead of street and number.)
ļ ģ	PHY Exac	(a) Residence. No	St. Jumberly States (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
	LY.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
<u>ن</u> :	CTL	3.SEX 4. COLOROR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) 7-7 193
Z	EXA SXA clar te.	temale white single	22. I HEREBY CERTIFY, That I attended deceased from
	7 G 7 8	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	I last saw h alive on 193 death is said
18 Y	atate roper certifi	1 / 7 /621/	to have occurred on the date stated above, atm.
30E	be of property of the contract	7. AGE Year Months Days If LESS than	The principal cause of death and related causes of importance were as follows:
HI CHI		Stillborn 1 day, hrs. or min.	Still barn-Death
VE	sho may bac	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc	enjoyetly due jo strang
KH	E HE HE	9. Industry or business in which	Card 48 hours Brian
RES	NG.	saw mill, bank etc	Other contributory canada of importance:
Z	ed.	10. Date deceased last worked at this occupation (month and year) spent in this occupation	to will
RGI	FA ppli ns, ins	12. BIRTHPLACE (city or town) Deving Figles	
[A]	y suj tern See	(State or country)	
	# # #	13. NAME 14. BIRTHPLACE (city or town) June (state or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
j		(otate of county)	23. If death was due to exter icauses (violence) fill in also the following:
ì	ILY, V I be ca FH in import	15. MAIDEN NAME Colna & Conderson 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 193
	Z <u> </u>	16. BIRTHPLACE (city or town)	Where did injury occur?(Specify city or town county, and State)
	LAI. shoul DEA	17. INFORMENT & R. Smith	Specify whether injury occurred in industry in home, or in public
į	H # H .B	(Address) Kunberly, Lac.	Manner of injury
	O K E	18. BURIAL, CREMATION, OR REMOVAL Place Lious falls Date 7-9 1984	Nature of injury
	WKITE informatio CAUSE O PATION	19. UNDERTAKER White Mortuary he	24. Was disease or injury in any way related to occupation of deceased?
ĺ	CA CA	(Address) from falls solding.	(Signed) John Tangelly, M.D.
1	Ž	20. FILED Registrar.	(Address) Juni Hall Illako
•	-		

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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EXAMPLE I	}	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	1
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9 1	IL 1. PLACE OF BIRTH VED AUG 6	STATE OF IDAHO
큪	1. 7.00	DEPARTMENT OF PUBLIC WELFARE
8 8	County of Section 1	BUREAU OF VITAL STATISTICS
of more h stated.	City of Bull -	CERTIFICATE OF BIRTH 224003
birth	No St.	ct No. 39 State File No.
五百		
는 다	Prim. Registration	District No. Zu Local Registrar's No.
a g		•
Z g	2. FULL NAME OF CHILD	
RECORD.	3. Sex If plural (4. Twin, triplet, or other 6. Prem	ature 7. Legitie 8. Date of 17
Ö 3	births 5. Number, in order of birth Full	birth 193¥
Ħ.	9. Full , FATTHER 1	8. Full MOTHER
는 a	name House Jewett	maiden Helen Carely
ANENT RI	10. Residence (usual place of Abode)	9. Residence (usual place of abode)
A S	(If non-resident, give place and State)	(If non-resident, give place and State)
₽K	11. Color or race 12. Age at last birthday 2-2 (years) 2	20. Color or race 21. Age at last birthday 18 (years)
PERMANENT ch, and the numb	13. Birthplace (city or place)	22. Birthplace (city or place) Color
A	(State or country)	(State or country) 23. Trade, profession, or particular trad
হুট	14. Trade, profession, or particular	of work done, as housekeeper.
S e	kind of work done, as spinner, sawyer, bookkeeper, etc.	typist, nurse, clerk, etc.
THIS		24. Industry or business in which work was done, as own home,
اعال	sawmill, bank, etc.	lawyer's office, silk mill, etc.
Z	16. Date (month and year) last engaged in this work 17. Total time (years)	25. Date (month and year) last engaged in this work 26. Total time (years)
Ş Z	spent in this work	spent in this work
E E	27. Number of children of this mother	19
Z.Z	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now	living $\mathcal{Q}_{-}(b)$ Born alive but now dead $\mathcal{Q}_{}(c)$ Shinborn $\mathcal{Z}_{}(c)$
	28. If stillborn, { months period of gestation or weeks 29. Cause of stillbirth	Kath in uters Cause Before labor
- H &	period of gestation 29. Cause or stillouring	During labor
WITH UNFADING INK a Separate Return must	CERTIFICATE OF ATTENDING	PHYSICIAN OR MIDWIFE
		s m. on the date above stated.
	When there was no attending physician or midwife, then the father, householder, (Sign	(BORN)
	or midwife, then the father, householder, (Sign etc., should make this return.	ned), M. D.
PLAINLY uld at birth,	Give name added from or	, Midwife
VRITE P	a supplemental reportAddre	ess Dust On July 1
돌 행	Filed	7-3/ 1934 X. TY WWALL
≨	Registrar.	Registrar.

SAVAGE SERVICE SERVICES

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STATE OF IDAHO shout DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS County of DEATH PHYSICIANS State File No..... Registration District No...... Primary Registration District-No... Local Registrar's No..... RECORD (If death occurred in a honital of institution, give its name instead of street and number) 2. FULL NAME (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. Color or Race 5. Single, Married, Widowed or Divorced (write the 21. DATE OF DEATH (month, day and year) word) 22. I HEREBY CERTIFY, That I ttended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) courred on the date stated 7. AGE Months The principal cause of death and related causes of impor-Years Davs If LESS than tance were as follows: 1 day,... hrs. Date of onset × or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work- 11. Total time (years) ed at this occupation spent in this occupation Other contributory causes of importance: (mo. and yr.) 12. BIRTHPLACE (city or town)...(State or country) 13. NAME Name of operation. 14. BIRTHPLACE (city or town) What test confirmed diagnosis?.... Was there an autopsy? (State or country) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAMEL the following: Accident, suicide, or homicide? Date of injury.., 193. 16. BIRTHPLACE (city or town) Where did injury occur Ö (State or country) (Specify city or town, county, and state) ATIO 17. INFORMANT CAUSI Specify whether injury occurred in industry, in home, or in (Address) public place. state CA OCCUPA 18. BURIAL, GREMA OR- REMOVAL Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER (Addness) of deceased?... (Signed) 20. FILED

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritositis	3 days ago
			1
Other CONTRIBUTORY CAUSES of importance:		Other Contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
			-
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

PLACE OF TREE STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Sal A BUREAU OF VITAL STATISTICS In case of more in order of birth st City of Dice CERTIFICATE OF BIRTH Registration District No. State File No. (If born/in hospital or institution give name.) Prim. Registration District No. 2.00 ...Local Registrar's No.3 13 2. FULL NAME OF CHILD 6 each. if plural 4. Twin, triplet, or other....... 6. Premature 7. Legiti-8. Date of 3.√Sex birtha hirth meter RECORD. 5. Number, in order of birth.... Full term..... 9. Trull FATHER MOTER 18. Full number maiden 🦩 name 10. Residence (usual place of above) 19. Residence (usual place of abode) the (If non-resident, give place and state Line) 11. Color or race Lell 12. Age at last birthday (years) 20. Color or race [21. Age at last birthday (years and 13. Birthplace (city or place) 22. Birthplace (city or place) (State or country) each, 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done as epigner. of work done, as housekeeper typist, nurse, clerk, etc. Shugaun 15. Industry or business in which 24. Industry or business in which made work was done, as own home lawyer's office, silk mill, etaling. þ 25/Date (month and year) last engaged in this work 26. Total time (years) spent 16. Date (month and year) INK-6noals. 16 naugh in this work..... in this works 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Beturn 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead......(c) Stillborn. restate and terms. months Before labor. 29. If stillborn, annuals 30. Cause of stillbirth.... period of gestation During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFTE I hereby certify that I attended the birth of this child, who was..... . m. on the date above stated. LAINLY at birth When there was no attending physician / or midwife, then the father, householder, etc. should make this return. Midwife Give name added from a supplemental report..... 명 Registrar.

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PLACE OF DEATH County of La	DEPARTMENT OF PUBUREAU OF VITA	UBLIC WELFARE L STATISTICS	DO NOT WRITE IN THIS SPACE
city ce Bail	CERTIFICATE Registration District No	ラ····	State File No
	Primary Registration Dist	1001	Local Registrar's No. 230
2. FULL NAME 2a	fred in a hospital or institution,	give its name instead	of street and number)
(a) Residence. No (Usual place of about the state of the control of residence in city or	de) town where death occurred. yrs	(If nonre mos. ds. How long	.St. sident give city or town and state) in U. S., if of foreign birth? yrs. mos.
PERSONAL AND STA	TISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH
3. SEX 4. Color or	Race 5. Single, Married, Widored or Divorced (write t	he 21. DATE OF DE.	ATH (month, day and year) 8-2/19
Tale White Sa. If married, widowed, or	divorced •	22. 1 HEREBY C	BRTIFY, That I attended deceased fro
(or) WIFE of			., 193, to
6. DATE OF BIRTH (month	n, day, and year)	ll .	live on, 193; death is so
AGE Years Mon	ths Days If LESS th	11	on the date stated above, atm we of death and related causes of impe
Stellbarn	1 day, h	rs. tance were as	Toate of one
8. Trade, profession, or p kind of work done, a sawyer, bookkeeper, c	s uninner	Cord has	Sepred Suches
9. Industry or business i work was done, as att saw mill, bank, etc	n which k mill,	pr 24	form.
	ork. 11. Total time (years)	Other contribut	ory causes of importance:
12. BIRTHPLACE (city or (State or country)	town) Boise Ida	···	
13. NAME Will	iany Grant	Nume of apparties	Date of
14. BIRTHPLACE (city (State or country)		٠ ا بــ	ed diagnosis? Was there an autopsy
E 15. MAIDEN NAME	with Discourses	23. If death was d	lue to exter'l causes (violence) fill in a
16. BIRTHPLACE (city of	or town).	·	or homicide? Date of injury, 19
(State or country)	Mah		y occur? pecify city or town, county, and state)
17. INFORMANT (Address)	most Halo	!	njury occurred in industry, in home, or
-m - 1	OR REMOVAL	manner of injury	
Place!! Arria A	Date		
19. UNDERTAKER . (Address)	weller Welan	of deceased	r injury in thy way mated to occupate
20. FILED. 8. 24., 1984	i W. W. Rhod	(Signed	O, Manuellin, M.
	Registrar.	(Address)	

UNITED STATES STANDARD CERTIFICATE OF DEATH

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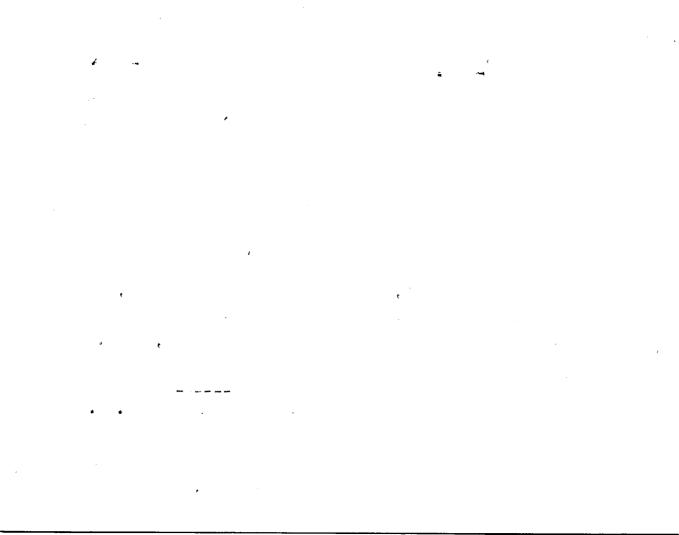
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	EXAMPLE II	
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Dute of onvet
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
FOR FURTH	HER STATEMENTS BY PHYSICIAN	
	1915 1921 July 5, 1927 May 1, 1923	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis Other CONTRIBUTORY CAUSES of importance:

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE RECORD BUREAU OF VITAL STATISTICS City of Blackfoot, Idaho CERTIFICATE OF BIRTH Registration District No. State File No. (If born in hospital or institution Prim. Registration District No. U. J. Local Registrar's No. 26/ give name.) Stillborn
(If stillborn, substitute the word "Stillbirth" for name of shild) FULL NAME OF CHILD..... Twin Number Date of August Legiti-Sex of Triplet and in order mate 7.8 Child or other? (To be answered only in event of plural births) (Month) (Dav) What prophylactic was used to prevent Ophthalmia Neonatorum? Rorn slive but now dead Stillborn MOTHER FATHER FULL FULL NAME Thomas Vargas NAME Francis Gllegos Residence (Usual place of abode) Blackfoot. Idaho Residence (Usual place of about Blackfoot, Idaho If non-resident, give place and State It non-resident, give place and State Color or rate xican Color or race Mexican age at last Birthday 40Age at last Birthday Del Norta?. Colo. New Mexico Housewile CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) *Where there was no attending physician (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn Address Blackfoot Idaho child is one that neither breathes nor shows other evidence of life after birth.



(CE		STATE OF ID		DO NOT WRITE IN THIS SPACE
Y.F	CEIVED E	DEPARTMENT OF PUBL	LIC WELFARE	90117
	PLACE OF DEATH	BUREAU OF VITAL		State File No.
County	of Blackfoot, Idah		DEATH	
City of	Binghan	Registration District No	1057	Local Registrar's No. 138
				:
	(Te don't	(Nourred in a hospital or institution, giv	o ita nama instand a	of street and number.)
9 1711	LL NAME Stillborn	170.70.00.0		/) -
~. rei		mais + Pacy	<u></u>	
	(Usual place of abode.) If residence in city or town where		de How long	(If nonresident give city or town and State.) in U. S. if of foreign birth? yrs. mod. di
Zength o	PERSONAL AND STATISTIC		1	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed,	16. DATE OF	
Male		or Diverced (write the word.)	II	gust II 1934, 19 (Year
				(Month) (Day) (Year
H	narried, widowed, or divorcedUSBAND of		II .	Y CERTIFY, That I attended deceas d from
	or) WIFE of		August	11 19 34 ., to August111934
6. DATE	E OF BIRTH (month, day and year)	lug. 11, 1934		v h in on , 19
7. AGE	Years Months 1	Days If LESS than 1 day,	and that des	ath occurred, on the date stated above, at
		min.	*State the Di	ISEASE CAUSING DEATH, or in deaths from VIOLE e (1) MEANS AND NATURE OF INJURY, and
	JPATION OF DECEASED Frade, profession, or	•	whether ACCII	ISEASE CAUSING DEATH, or in deaths from VIOLE e (1) MEANS AND NATURE OF INJURY, and DENTAL, SUICIDAL, or HOMICIDAL. F DEATH* was as follows:
• •	ular kind of work		Still	-Born
	General nature of industry, ess, or establishment in			
which	employed (or employer)			
(e) I	Name of employer	foot, Idaho		(duration)yrsmos
	THPLACE (city or town)	Toon' Train		Prolapsed funis
100	NAME OF FATHER		(Secondary))
10.	Thomas Var	gas	1.1	(duration)yrs,mos,
و ۱۱ ع	BIRTHPLACE OF FATHER (city of	r town) New Mexico	18. Where wa	as disease contracted place of death?
DARENTS 11. 15 (S	State or Country)		Did an operat	ion precede death? Date of
12. 1	MAIDEN NAME OF MOTHER	rancis Gallegos	II .	autopsy? None
		or town) Del Norta Col		nfirmed diagnost Milchell
18.	State or County)	UF WWI)	Angust	11, 19 34 (Address) Blackfoot, Ida
14.	60 16	2011	11	Burial, Cremation, or Removal Date of Burial
Infor		gas	0	il comply aug 11"
	(1/2/2	no Halur Et alex	20. Undertak	and the second
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A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect. Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery: (a) Foreman, (b) Automobile Factory, The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer." etc. without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH(the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidmic cerebrospinal meningitis"): Diptheria (avoid use of "croup"): Typhoid Fever (never report Typhoid pneumonia"); Lobar Pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin): "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms: Measles: Whooping Cough: Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia." "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL. SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

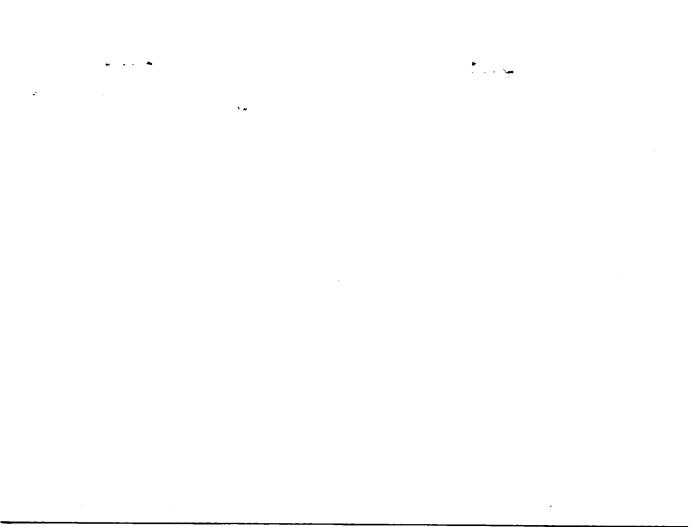
Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO must be made DEPARTMENT OF PUBLIC WELFARE RECORD BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH -___State File No.____ Registration District No ... Prim. Registration District No. ___Local Registrar's No. GIVE NAME. FULL NAME OF CHILD. (IF STILLBORN, SUBSTITUTE THE WORD "STILLBIRTH" FOR NAME OF CHILD) Twin Number Date of Sex of Triplet Legitiand { in order Child mate? Le birth / or other? of birth (DAY) (TO BE ANSWERED ONLY IN EVENT OF PLURAL BIRTHS) What prophylactic was used to prevent Ophthalmia Neonatorum?_____ Number of child of this mother, including present birth_____ (a) Born alive and now living______ Born alive but now dead_______Q______Stillborn________ FATHER Full MOTHER MAIDEN Residence (Usual place of abode) Clarkefore Residence (Usual place of abode) If non-resident, give place and State_____ If non-resident, give place and State_____ Color or race Late Age at last Birthday Color or race Age at last Birthday Birthplace Late (CITY AND STATE OR COUNTY) Occupation Dener Occupation ___ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby ertify that I attended the birth of this child, who was on the date and stated. Stillhorn (Signature) *Where there was no attending physician) or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows Address_ other evidence of life after birth.



occu. STATE OF IDAHO DE DE BEATH RTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS County of State File N90124 CERTIFICATE OF DEATH Registration District No ... PHYSICIANS Local_Registrar's N Primary Registration District No. (No. hospital or institution give its name instead of street and number.) (If death occurred in a 2. FULL NAME..... Residence. No..... (Usual place of abode)
Length of residence in city or town where death occurred. (If nonresident give city or town and state) mos.~ ds. How long in U.S., if of foreign birth? yrs. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. Single, Married, Widowed, 21. DATE OF DEATH (month day, and year) or Divorced (write the word) I HEREBY CERTIFY, That I attended deceased from...... certificate, ba. If maried, widowed, or divorced 7., to....., 193.... HUSBAND of (or) WIFE of to have occurred on the date stated above, at 1.7.2.3 m. 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of importance were as follows: If LESS than Date of onset 7. AGE Years Days Months 1 day, hrs. min. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... contributory causes of importance: 11. Total time (years)
spent in this 10. Date deceased last worked at this occupation (month and occupation..... 12. BIRTHPLACE (city or town) (State or country) FATHER Name of operation 13. NAME Date of.. What test confirmed diagnosis? 🕰 Was there an autopsy? important. 14. BIRTHPLACE (city or town (State or country) 23. If death was due to exter'lcauses (violence) all in also the following: MOTHER Accident, suicide, or homicide? Date of injury 193 15. MAIDEN NAME DEATH Where did injury occur? 16. BIRTHPLACE (city or (Specify city or town, county, and State) (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) OF Manner of injury Nature CAUSE 24. Was sease or injury in any way related to occupation of deceased y 19. UNDERTAKER (Address)

RESERVED

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
•••••••••••••••••••••••••••••••••••••••			

of birth stated.	PLACE OF BILLION OF DESCRIPTION OF COLLAGE ACTION OF BELLEVIED REGISTRATION	ATTE OF IDAHO	S 22454			
In case	(If born in hospital or instant tion give name.)	ation District No. 2/26 Local Regi	trar's No. 153			
	2. FULL NAME OF CHILD Day of De Estar	Challer				
N. B.		Premature	Montif Pay, Year)			
	Full PATHER	18. Full MOTHER				
RECOR	a. d. Challen	name Ethel way	de			
	10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and So	to Allican De			
T C	11. Color or race. 12. Age at last birthday 23. (years)	20. Color or race. 21. Age at last	birthday (years)			
anc,	13. Birthplace (city or place) Colorisa (State or country)	22. Birthplace (city or place)	Jullo 20			
S A PERMANENT for each, and the	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	23. Trade, profession, or particular of work done, as housekeeper typist, nurse, clerk, etc.	Oomenige.			
HIS I	kind of work done, as spinner sawyer, bookkeeper, etc 15. Industry or business in which work was done, as silk will, sawmill, bank, etc	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc				
18	sawmill, bank, etc	25. Date (month and year) last engaged in this work 26. Tot	al time (years) spent			
INK.	in this work	. 19 in t	his work			
D E	27. What prophylactic was used to prevent Ophthalmia Ne	onatorum?	***************************************			
UNFADING ate Return	28. Number of children of this mother (At time of this birth and including this child). (a) Born alive and now living(b) Born alive but now dead					
F.S	29. If stillborn, months 30 Cause of still	birth	Before labor			
H T	period of Sectation		During labor			
WITH UNE a Separate	CERTIFICATE OF ATTENDING PHYSICIAN OR MENUIFE					
	I hereby certify that I attended the birth of this child,	who was all the thin on the	e date above stated.			
LAINLY at birth	etc. should make this return.	igned) Telly	, M. D.			
P1 771	Give name added from	RIND	Midwife			
chil	a supplemental report	dress	ans			
WRI One	Registrar.	ed Jeb 7 1984 dass	ra Greco			
> 0	noglobia.		negietar.			

regar Received the Color of the Leading Same in Ballio 10 akis loc tentification in 4. POST 19.1 新日本的研究 Real Standards Beauti treated tester of a sign median condition the both would become market set TO EST TO THE CONTRACT STATES the state of the s The state of the sign of the superal till of is the figure of the property of the The same section only today has a material of the se the administration of the state of the thoughts the as sense drove to The Andrews with the Angle distance of signification of the bill a cook was done as her hitten to the second transfer ं अक्षा है कि की अधिक प्राप्त के Little Bank etc. .. tinde tales and the contract the given a second of time but the comment of mark terrains and of the star of the arrivation of the The control of the co الراجية والمنين أركهم والمنافي والمارات والمعارضات The transfer of the second The first that the first and attend one of the entire to be and the second of the seco Taking III (1) There was the confiction of and of you have a come of o ormani skoliti 🦠 Survey and the second of MIR & an all Millians - > v 20.1 Their saine BO NATURE OF CONTRACTOR OF THE SECOND esta avede action! to the many the latter and the drief of the mostly from their with the Commence of the manufactual and the second court of Through the statement of the parties on the California Minet Compression (Carlos de Carlos Consultation of the Co. s trought infinitely in

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RECEIVED IP 10 STATE OF IDAHO PLACE OF DEATH DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE statement County of Cassia. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No..... ORD. Every PHYSICIANS Registration District No..... Primary Registration District No. Local Registrar's No..... give its name instead of street and number) 2. FULL NAME/YO (a) Residence. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs, mos. ds. How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) 🖍 ed or Divorced (write the word) . 22 I HERERY CERTIFY. That I attended deceased from 5a: If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) I last saw h...alive on 193....: death is said to have occurred on the date stated above, atm. The principal cause of death and related causes of impor-7. AGE Years Days If LESS than tance were as follows: Date of onset 1 day,... hrs. or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) occupation 12. BIRTHPLACE (city or town) (State or country) 13. NAME Name of operation...... Date of....... 14. BIRTHPLACE (city or town) What test confirmed diagnosis?.... Was there an autopsy?... (State or country) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city Where did injury occur?...... (State or country) (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) public place. 18. BURIAL, CREMATION Manner of injury..... Nature of injury..... Was disease or injury in any way related to occupation 19. UNDERTAKER Registrar. (Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

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Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	

be made PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE RECORD County of BUREAU OF VITAL STATISTICS City of Classian CERTIFICATE OF BIRTH ... (If born in hospital or institution Prim. Registration District No. 2/66 Local Registrar's No. 279 give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of shild) Number Twin Date of Legiti-Sex of / Triplet and ∤ in order birth ... or other? mate? Child (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth...... (a) Born alive and now living.... Born alive but now dead 7 ///Louil FULL MAIDEN Residence (Usual place of abode). If non-resident, give place and State It non-resident, give place and State Age at last Birthday Color or race L.C Color or race Birthplace ... Birthplace City and State or County) Occupation VIIIII Occupation Land CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. I hereby certify that I attended the birth of this child, who was Stillbern on the date above stated. (Signature) *Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth. Registrar. STATE OF IDAHO DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE BUREAU OF WITAL STATISTICS State File No. _ PLACE OF DEATH CERTIFICATE OF DEATH County of Cus Registration District No. 69 City of Claylon, Local Registrar's No. 177 Primary Registration District No. 2186 (If death occurred in a hospital or institution prive its name instead of street and number.) 2. FULL NAME (a) Residence. No. St. (If nonresident give city or town and State.) (Usual place of abode.) How long in U. S. if of foreign birth? Length of residence in city or town where death occured. yrs. ds. TRO 3 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16. DATE OF DEATH 5. Single, Married, Widowed, 3. SEX 4. COLOR OR RACE or Divorced (write the word.) (Monta 5a. If married, widowed, or divorced 17. I HEREBY CERTIFY. That I attended deceased from HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day and year) Chin 27 1934 and that death occurred, on the date stated above, at..... If LESS than 1 day, 7. AGE Years Months *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, *tate (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH* was as follows: 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work...... (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer (duration) _____yrs, ____mos. ____ 9. BIRTHPLACE (city or town) (State or country) CONTRIBUTORY 10. NAME OF FATHER (duration)yrs.mos. 18. Where was disease contracted if not at place of death? PARENTS 11. BIRTHPLACE OF FATHER (city or town) Did an operation precede death?..... Date of...... (State or Country) Was there an autopsy?..... 12. MAIDEN NAME OF MOTHER What test confirmed disaposis 13. BIRTHPLACE OF MOTHER (city or town (State or County) (Address)... Date of Burial Place of Burial. Cremation, or Removal Informant (Address) 20. Undertak

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery: (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as Day laborer, Farm laborer, Laborer--Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH(the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidmic cerebrospinal meningitis"): Diptheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia"); Lobar Pneumonia: Bronchopneumonia ("pneumonia," unqualified, is indefite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

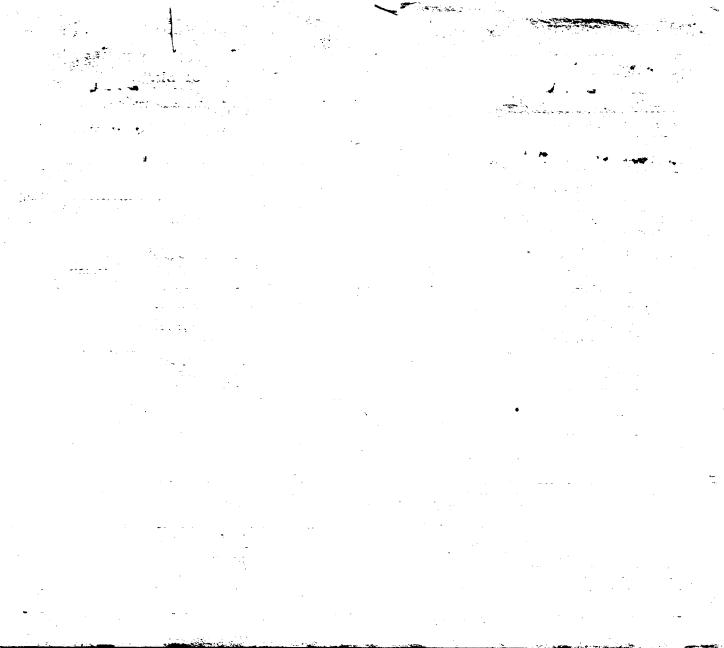
Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

"PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Church BUREAU OF VITAL STATISTICS? City of Man Som CERTIFICATE OF BIRTH Registration District No. 2020 Local Registrar's No. 22 (If born in hospital or institution give name.) 2. FUND NAME OF CHILD MANY 8. Date of If plural 4. Twin, triplet, or 6. Premature _____ 7. Legitibirths 5. Number, in order of birth____ Full term____ mate?___ (MONTH, DAY, YEAR) 9. Pull FATHER 18. Full MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) (Inchard 11. Color or race 12. Age at last, birthday 23 (years) 20. Color or race_222___21. Age at last birthday 23_ (years) 22. Birthplace (city or place) Audit 13. Birthplace (city or place) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, Laborer of work done, as housekeeper, typist, nurse, clerk, etc 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill sawmill, bank, etc. lawyer's office, silk mill, etc. Dww 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work____ spent in this work. 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2. (b) Born alive but now dead 2. (c) Stillborn 1. months 29. Cause of stillbirth Breech delivery from attrity During labor. Before labor ____ 28. If stillborn. period of gestation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE still form at 3 m. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report_____ (DATE OF) Registrar.



OCCU-STATE OF IDAHO OF PUBLIC WELFARE DO NOT WRITE IN BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No..... Registration District No.. Local Registrar's No.... Primary Registration District No. 2. RECORD (If death occurred in a hospital or institution, give its name instead of street and number.) FULL NAME..... Residence. No..... (If nonresident give city or town and state) (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S., if of foreign birth? yrs. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, 4. COLOR, OR RACE 21. DATE OF DEATH (month day, and year) or Divorced (write the word) I HEREBY CERTIFY. That I attended deceased from 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of to have occurred on the date stated above, at The principal cause of death and related causes of importance 6. DATE OF BIRTH (month, day, and year) than 7. AGE Years Months O hrs. 1 day. D 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc Other contributory causes of importance: 11. Total time (years) 10. Date deceased last worked at this occupation (month and spent in this occupation vear) 12. BIRTHPLACE (city or town (State or country) See 13. NAME What test confirmed diagnosis? Was there an autopsy? A.O. 14. BIRTHPLACE (city or town) (State or country) 23. If death was due to exter causes (violence) all in also the following: Ξ. 15. MAIDEN NAME Where did injury occur? 16. BIRTHPLACE (city or town). (Specify city or town county, and State) (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) OF information Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL PATION Nature of injury Place Date , 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER..... (Address) If so, spec Registrar.

UNITED STATES STANDARD CERTIFICATE OF DEATH SEP 6 1 2000

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related Date of onset The PRINCIPAL CAUSE OF DEATH and related Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 year ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF BUSH VED SEP 10 P PEATE OF TOATIO County of Franklin DEPARTMENT OF PUBLIC WELFERB BURBAU OF VITAL STATISTICS City of Dayton CERTIFICATE OF BIETH No...... St. Registration District No. .. State File No. ... (If born in hospital or institu-Prim. Registration District No. 2119 Local Registrate No. tion give name.) 2. FULL NAME OF CHILD Raby Girl Childs 8. B.-7. Logiti-If planel 8. Date of 3. Sex hirtha birth... Famala Full term Ves mate? Ves 5. Number, in order of birth.... RECORD. 9. Full FATHER 18. Full MOTHER name maiden wred Childs name Vera Archibald 19. Residence (usual place of abode) 10. Residence (usual place of abode) PERMANENT (If non-resident, give place and State) Dayton (If non-resident, give place and State) Bayton 20. Color or race White 21. Age at last birthday 22 (years) 11. Color or race white 12. Age at last birthday 25 years) 22. Birthplace (city or place). Brigham City 13. Birthplace (city or place) Roy lltah (State or country) (State or country) each. 14. Trade, profession, or particular 23. Trade, profession, or particular kind sawyer, bookkeeper, etc

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work last engaged in this work last engaged in the last engaged in this work last engaged in the last engaged in this work kind of work done, as spinner, rmer of work done, as housekeeper. OCCUPATION typist, nurse, clerk, etc. Housekeeper 24. Industry or business in which made work was done, as own home. lawyer's office, silk mill, etc. 2 25. Date (month and year) last engaged in this work 26. Total time (years) spent must 19...... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living.....Q(b) Born alive but now dead......(c) Stillhorn..... or weeks 30. Cause of stillbirth Hydrocephalus Before labor..... 29. If stillborn. period of gestation..... During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE I hereby certify that I attended the birth of this child, who wet illborn 12:50 on the date above stated. When there was no attending physician ! (Signed) or midwife, then the father, householder, etc. should make this return. WRITE PI Give name added from a supplemental report...(Date of) Filed... Registrar.

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STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS County of hara State File-No..... Registration District No..... Primary Registration District No. 2/19 Local Registrar's No..... RECORD. (No. (If death occurred in a hospital or institution, give its name instead of street and number) Stillborn 2. FULL NAME Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow-21. DATE OF DEATH (month, day and year) ed or Divorced (write the Female White worgingle That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of Babv (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years The principal cause of death and related causes of impor-Months Days If LESS than 1 day hrs. Stillborn or min. 8. Trade, profession, or particular kind of work done, as spinner, nawyer, bookkeeper, etc 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc.... 10. Date deceased last work-11. Total time (years) ed at this occupation spent in this (mo. and yr.) Other contributory causes of importance: occupation .. 12. BIRTHPLACE (city or town). Dayton Idaho. (State or country) MOTHER FATHER 13. NAME Name of operation...... Date of 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?.... Was there an autopsy? DE DE 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury... 193, 16. BIRTHPLACE (city or town). state CAUSE O OCCUPATION Where did injury occur?..... (State or country) (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) public place. 18. BURIAL. CREMATION OR REMOVAL Manner of injury..... Dayton Idaho Nature of injury..... None 24. Was disease or injury in any way followed 19. UNDERTAKER (Address) of deceased? 20. FILED

UNITED STATES STANDARD CERTIFICATE OF BEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gandenly employed may be returned as at senoil or at home. For a woman whose only occupation was that of home housework, with noticipate in answer to Question 9. For a person engaged in demostle service for wages, however, designate the orangention by the appropriate terms, as servant—private family, const-hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as submer, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as given by store, scap factory, out in 10th 200.

Distinguish carefully the different kinds of an inversity stating the full descriptive this, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" where houses smoothed of the occupation can be secured. Do not use the word "mechanic," but give the esser occupation, as canonics, policy, machinist, etc. Distinguish carefully between retail merchants and wholesals merchants. A person who sails goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.— Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthuda, etc. As principal cause there the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the criticisal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		ENAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	into all exists	The prenorms cave or brate and related caves of lagretieses with as islaws:	Date of cases
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Rith over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Periton lis	3 days ago
Other CONTRIBUTORY CAUSES of importance:		Other COMPRIBUTORY CAUSES of impertance:	
Gallstones	May 1. 1923	Gastroenteritis	. 1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	
		<u> </u>	

4	1. PLACE OF BIRTH STATE OF IDAHO
4	County of Cilia DEPARTMENT OF PUBLIC WELFARE
8 8	BUREAU OF VITAL STATISTICS 9911170
日報	City of 160 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
0 4	No. 302 Ports St.
8 5	Registration District No
	Prim Registration District No. Local Registrat's No.
T 5	give name.) Prim. Registration District NoLocal Registrar's No
e g	2 BULL NAME OF CHUD STILL FURT
Zg	2. FULL NAME OF CHILD DOWN 14-CVC
Q냭	3. Sex A If plural 4. Twin, triplet, or other6. Premature7. Legiti-
ORD each,	5. Sex 1 pintal 102
REC	(MONTH, DAY, YEAR)
2 5	9. Full FATHER 18. Full MOTHER
	name Glen adamson maiden Esther Cleta Bower
田田	10. Residence (usual place of abode) [19. Residence (usual place of abode) C
구설	(If non-resident, give place and State) (If non-resident, give place and state)
PERMANENT ch, and the numb	11. Color or race_W_ 12. Age at last birthday_34 (years) 20. Color or race_W_ 21. Age at last birthday_24 (years)
ER E	
G-P	13. Birthplace (city or place) Jacksung 165 22. Birthplace (city or place) Lathau, Kan- (State or country)
ea A	14. Trade, profession, or particular 23. Trade, profession, or particular kind
र वृ	
THIS	sawyer, bookkeeper, etc. 15. Industry or business in which work was done as silk mill. 2 typist, nurse, clerk, etc. 24. Industry or business in which work was done, as own home,
芒割	15. Industry or business in which
الإرا	sawmill, bank, etc. lawyer's office, silk mill, etc. 16. Date (month and year) last
7 4	0 16. Date (month and year) last
INK must	O engaged in this work 17. Total time (years) o engaged in this work 26. Total time (years) spent in this work spent in this work spent in this work.
9 ≋	at Areset 19 spent in this work TALL O at Areset 19 spent in this work 2
821	27. Number of children of this mother (1) Parallel 27. Number of children of this mother (2) Parallel 3 (3) Parallel 27. Number of children of this mother (2) Parallel 3 (4) Parallel 3 (5) Stillborn 2
UNFADING ATB RETURN D	(At time of this birth and including this child) (a) Dorn anve and now nong_se_ (b) Born anve but now details (c)
ZE	28. If stillborn, 9 months Before labor
2 8	period of gestation or weeks 29. Cause of stillbirth walls During labor During labor
WITH UNF a Separate l	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
X VI	
2 2	I hereby certify that I attended the birth of this child, who was Sorn Aliva or Stilling at I and on the date above stated.
크레	(When there was no attending physician)
	or midwife, then the father, householder, (Signed)
PLAINLY illd at birth,	Give name added from or
	a supplemental report
H	
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}	Registrar. Registrar.
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LELENED DES	STATE OF IDA	C WELFARE DO NOT WR	ITE IN THIS SPACE
PLACE OF DEATH	BUREAU OF VITAL ST CERTIFICATE OF		91366
County of Jew			
City of Commet	Registration District No	Local Reg	istrar's No
	Primary Registration District	. 110	
(If death occurr	(Noed in a hospital or institution, give its	name instead of street and number.)	ں ع
2. FULL NAME Stillburg	h (ddawson	~)	γ
202/6	Parte St		,
(a) Residence. No		(If nonresident give	city or town and State)
		MEDICAL CERTIFICATE	
PERSONAL AND STATISTIC 3. SEX 4. COLOR OR PACE		16. DATE OF DEATH	OF DEATH
Tangel White	5. Single, Married, Widowed, or Divorced (write the word)	aug	ン / 1939
5a. If married, widowed, or divorced		(Month)	(Day) (Year)
HUSBAND of (or) WIFE of		17. I HEBEBY CERTIFY, That I attend	ed deceased from .
	144 2 2 163el	, 19 , 10	, 19
6. DATE OF BIRTH (month, day and year) 7. AGE Years Months	Days If LESS than 1 day,	that I last saw h alive and that death occurred, on the date stated	, 19
Ctill him	hrs. ormin.	The CAUSE OF DEATH* was as follows	
8. OCCUPATION OF DECEASED	dilli-	0	
(a) Trade, profession, or particular kind of work		Stallbooks	
•		(Syphile	, ?
(b) General nature of industry, business, or establishment in which employed (or employer)		(duration)	yrsmosd
(c) Name of employer		CONTRIBUTORY (Secondary)	
			yrsmosds
9. BIRTHPLACE (city or town) (State or country)	nmell	18. Where was disease contracted	
		if not at place of death?	Date of
T. HAME OF FATHER Glen	adamson	Did an operation precede death? Was there an autopsy?	Date of
11. BIRTHPLACE OF FATHER (city of	r town)	What test confirmed diagnosis?	meal,
(State or Country) Wo.		(Signed) How	My m. I
(State or Country) 12. MAID NAME OF MOTHER	Acci	Address	Hampa Shek
Journal 19 am	PAIL LAND	DYSTATE STATES	1.1.1.4.
13. BIRTHPLACE OF MOTHER (city (State or Country)	or town)	*State the DISEASE CAUSING DEATH CAUSES, state (1) MEANS AND NAT	, or in deaths from VIULEN' URE OF INJURY, and (2)
n —/		whether ACCIDENTAL, SUICIDAL, or E	
Informant Mother	ALLEN CONTROL OF THE	19. Place of Burial, Cremation, or Remove	Date of Burial
(Address) Sau		Crewaten	7
15. Filed // /4 - 1934	I Raymalds	20. Undertaker Fathus	Address
	Registrar		

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer. Compositor, Architect, Locomotive engineer, Civil engineer. Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer." etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary). may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure,"
"Hemorrhage," "Inanition," "Marasmus," "Old age,"
"Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably sui-

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

cide. The nature of the injury, as fractured skull, and con-

sequences (e. g. sepsis, tetanus) may be stated under the

Do not accept a certificate of death signed only by a

midwife.

head of "Contributory."

STATE OF IDAHO N. B.—In case of more that each, in order of birth stated DEPARTMENT OF PUBLIC WELFARE County_of BUREAU OF VITAL STATISTICS City of M CERTIFICATE OF BIRTH-Registration District No. State File No. (If born in hospital or institu-Prim. Registration District No. 2069 Local Registrar's No.75 tion give name.) S. FULL NAME OF CHILD. 7. Legitiff plural 8. Date of births birth..... r RECORD. 5. Number, in order of birth.... Full term. 74 9. Full EATHER 18. Full MOTHER name maiden 10. Residence (usual place of abode) 19. Residence (usual place of abode) PERMANENT each, and the (If non-resident, give place and State) (If non-resident, give place and State) | 12. Age at last birthday. (years) 20. Color or race A. 21. Agent last birthda 13. Birthplace (city or place) 22. Birthplace (city or place).... (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, Olule of work done, as housekeeper// CUPATION must be made for typist, nurse, clerk, etc. sawyer, bookkeeper, etc 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home. lawyer's office, silk mill, etc. sawmill, bank, etc..... 16. Date (month and year) last engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work V 19 in this work 27. What prophylectic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living.(b) Born alive but now dead(c) Stillborn. Before labor. months 29. If stillborn. Tend or weeks 30. Cause of stillbirth period of gestation ... During labor 7 CERTIFICATE OF ATTENDING PHYSICA I hereby certify that I attended the birth of this child, who was ZZ.m. on the date above stated. When there was no attending physician / (Signed) or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... 폏 Address __ (Date of) Filed...... Registrar.

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should state OCCUPA. STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE PLACE OF DEATH BUREAU OF VITAL STATISTICS Oneida County of CERTIFICATE OF DEATH State File No. City of Malad Registration District No..... PHYSICIANS Primary Registration District No. 2.04 Local Registrar's No. PERMANENT RECORD. 2. FULL NAME Stillborn Richards (If nonresident give city or town and state) mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3.SEX 5. Single, Married, Widowed, or Divorced (write the word) 4. COLOR OR RACE 21. DATE OF DEATH (month day, and year) BINDING Female White I HARRBY CERTIFY. That I attended deceased from...... Rabv 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of properly: death is said to have occurred on the date stated above, atm. 6. DATE OF BIRTH (month, day, and yea Aug 13 1934 The puincipal cause of death and related causes of importance 7. AGE Years Months Days If LESS than were as follows: Date of onset O 1 day, A. hrs. () 0 or O'min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc...... OCCUPATION 9. Industry or business in which work was done, as silk mill, saw mill, bank etc. Other contributory causes of importance: 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this year) . occupation. 12. BIRTHPLACE (city or town) (State or country) Tdaho FATHER 13. NAME Thomas Earl Richards Name of operation...... Date of plain Malad 14. BIRTHPLACE (city or town)..... What test confirmed diagnosis?Was there an autopsy? (State or country) Idaho 23. If death was due to exter leauses (violence) fill in also the following: ij important. MOTHER Accident, suicide, or homicide?...... Date of injury............ 193... 15. MAIDEN NAME Theo Peabody DEATH Where did injury occur?.... 16. BIRTHPLACE (city or town)....... Malad ccur?......(Specify city or town, county, and State) Idaho (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) OF Manner of injury -WRITE Burial 18. BURIAL, CREMATION, OR REMOVAL CAUSE TION is Place Malad Idaho Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, spec (Signed) Registrar. (Addres

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	Į	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
he PRINCIPAL CAUSE OF DEATH and related ses of importance were as follows: eriosclerosis onic interstitial nephritis ebral hemorrhage ther CONTRIBUTORY CAUSES of importance: stones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH STATE OF IDAHO N. B.—In case of more than each, in order of birth stated County of Bannock TMENT OF PUBLIC VELLARE WINDREAU OF VITAL STATISTICS City of Pocatello South Johnson St. CERTIFICATE OF RIPTS Pocatello General Hospital Registration District No. . (If born in hospital or institu-Prim. Registration District No. 2/6./ Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD Stillborn 7. Legiti-[f plural 8. Date of birth Sept. 3. Sex birtha Mal e Full term...X. mate? Yas 5. Number, in order of birth..... RECORD. MOTHER FATHER 18. Full 9. Full maiden name Jens Kristian Johnson Wanda Putnam name 10. Residence (usual place of abode) 435 West Day (If non-resident, give place and State). Pocatello. 19. Residence (usual place of abode) 435 West Day PERMANENT each, and the (If non-resident, give place and State) Poss tello. 11. Color or race. Whi. to 12. Age at last birthday. 28 (years) 20. Color or race. White 21. Age at last birthday... 21. (years) 22. Birthplace (city or place). American Falls. Ids (State or country) 13. Birthplace (city or place) Odense Denmark (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Loe omotive Fireman -THIS IS A be made for OCCUPATION 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home. lawyer's office, silk mill, etc. Own Home sawmill, bank, etc. O. S. L. 16. Date (month and year) last engaged in this work 17. Total time (years) spent Date (month and year) last engaged in this work
 Total time (years) spent must Still working 19 in this work 5 Years in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separa 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living...1.(b) Born alive but now dead...Q...(c) Stillborn....1. Before labor 4-1 months or weeks 30. Cause of stillbirth... 29. If stillborn. period of gestation During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE ... m. on the date above stated. PLAINLY d at birth When there was no attending physician / (Signed) or midwife, then the father, householder, etc. should make this return. Give name added from WRITE PI Dre child a supplemental report..... Registrar.

Hamer and the second The state of the s a second the birth of the other one was and CERTIFICATE OF ATTRAINS PRISHING OR MANDERS OF desired in the contract of the property of the contract of the MENE 1860: ... with a or military a site motive. At the of the last more and military the calls of the dead to sufficient of Total the man to an end to an end to an end to the second transfer of the second transfer o the contained the talk works tunt e gegebel at sinte unbeid se Leun, teen Treesta's eleent THE PERSON NAMED IN Sine " the same of THE WASHING THE WASHINGTON dentities in within with a was down as lowe house. · Jaquary of Chemesa in which their sections of the section of the THE PARTY DELL'S AND THE PARTY OF THE PARTY HI RULE THIS IN THE PARTY OF ्रेन हे प्रविदेश जिल्लामध्येम (चेन्ट्राइट) जिल्लामध्ये । Trace, procession, or includes stud (8) 214 Or edit (74) 这种种类(A)在一种基础的主题的,可是是一个是一种 AL DANG OF MAY OF MARCHEST AND THE The second secon STEEL ST THE PARTY WAS THE PROPERTY OF THE PARTY OF T Control of the parties of the species of the 13 PARTIE PARTY PARTY OF GOODS! WHID6 Weiten. 宇护 医维管 **一分**符制现象 THE PROPERTY OF THE PROPERTY O THE THE PARTY AND THE PARTY AN had been marked by the control of th AS VITAL SPATISTICS

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very item of ANS should statement of	PLACE OF DEATH County of Bannock	STATE OF IDA DEPARTMENT OF PUBL BUREAU OF VITAL S CERTIFICATE O	LICIWELFARE DO NOT WRITE STATISTICS	90362
S. S. S.	City of Pocatello	CERTIFICATE O	State File No	
very IANS staten	-	Registration District No		
H C H		Primary Registration District	t No. 2/6/ Local Registrar's	No. 207
RD. E. IYSICL Exact s			eneral Hospital	·
R.H.	11	l in a hospital or institution, gi	ve its name instead of street and number	مان ا
RECORD 7. PHYS ied. Exa	2. FULL NAME Infan	t Johnson		$oldsymbol{\gamma}^{\circ}$,
조 > :턝	(a) Residence. No	Pocatello, Idah		
NENT ACTL classicate.	(Usual place of abode) Longth of residence in city or tow	n where death occurred yrs. C	mos.Ods. How long in U.S., if of foreign b	own and state) irth? yrs. mos. ds.
	PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE 0	F DEATH
E E EXAC	3. SEX 4. Color or Ra	ce 5. Single, Married, Widow- ed or Divorced (write the	21. DATE OF DEATH (month, day and	ySept. 25,193 4
E Se se se	Male White	word) Single	22 I HEREBY CERTIFY, That Last	_
of a large	5a. If married, widowed, or di HUSBAND of	vorced .	124 1934 to de	1 2 4 193.4.
Ck s A B	(or) WIFE of		I last saw har aller on .	193: death is said
X S A S A	6. DATE OF BIRTH (month, d	25. 1934.	to have occurred on the date stated a	bove, atm.
医抗菌 电 8	7. AGE Years Months	- 1	The principal cause of death and relations were as follows:	ted causes of impor-
OF PATE	STILL BORN	1 day, hrs. or min.	1200 P2	Date of oaset
E S. Ctivat	8. Trade, profession, or part	icular	till Don	
T C S T	kind of work done, as a sawyer, bookkeeper, etc.	имоде		
ESI IG S, s' ins	sawyer, bookkeeper, etc. 9. Industry or business in work was done, as silk raw mill, bank, etc.	aill. Infant		
SEE SEE	10. Date deceased last work	11. Total time (years)		
N A id a	ed at this occupation (mo. and yr.)	n spent in this occupation	Other contributory causes of imports	ince:
ARGIN UNFA y supp plain t	12. BIRTHPLACE (city or tow	Pocatello.		
	(State or country)	Idaho.		
E HE E	E 13. NAME Jens	C. Johnson		
WIT care TH	12. NAME Jens 1	town)	Name of operation	
	(State or country)	<u> </u>	What test confirmed diagnosis? Wa	
LY, I be DE	15. MAIDEN NAME	Wanda Putnam	the following: Accident, suicide, or homicide?	
AIN hould OF N is	5 16. BIRTHPLACE (city or	town)Am. Falls	Where did injury occur?	
	(State or country)	Idaho. K. Johnson	(Specify city or town,	county, and state)
P "EST	17. INFORMANT Jens (Address) Poo	K. Johnson Satello, Idaho.	Specify whether injury occurred in in public place.	
information state CAUSE	18. BURIAL, CREMATION OR	REMOVAL	Manner of injury	
E E S	Pla Pocatello, I	Dato g I bott	Nature of injury	
inform state		Hall Mortuary	24. Was disease or injury in any way	related to occupation
O a E.;		ocatello, Idaho.	of deceased? If so, specify	La G M D
~ ~	20. FILESept. 28, 1934.	Registrar.	(Address)	

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UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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EXAMPLE I EXAMPLE II Date of onset The PRINCIPAL CAUSE OF DEATH and related The PRINCIPAL CAUSE OF DEATH and related Date of enset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car Il week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

331/1(0003462 PLACE OF BIRTH STATE OF IDAHO In case of more than in order of birth stated MENT OF PUBLIC WELFARE County of Bannock U OF VITAL STATISTICS Pocatello **CERTIFICATE OF BIRTH** No 101 South Johnson St Pocatello General Hospital Registration District No. .. (If born in hospital or institu-Prim. Registration District No. 2/6/ Local Registrar's tion give name.) 2. FULL NAME OF CHILD Baby Clark N. B.-4. Twin, triplet, or other........... 6. Premature. X 7. Legiti-(f plural 8. Date o 3. Sex hirth... births Male 5. Number, in order of birth..... Full term. mete : X95 number of 9. Full FATHER 18. Full MOTHER maiden name Harry Clark name Lenora Robbins 10. Residence (usual place of abode) 439 North 4th 19. Residence (usual place of abode) 439 North 4th PERMANENT each, and the (If non-resident, give place and State) ... Pocatello ... (If non-resident, give place and State) Ponatellic 11. Color or race. Whi to 12. Age at last birthday 26.. (years) 20. Color or race...Whith 21. Age at last birthday.... 26 (year) 13. Birthplace (city or place) Hennsy, Oklahoma 22. Birthplace (city or place) Beards twon. 111. (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done as aninner. CUPATION typist, nurse, clerk, etc. Housewife sawyer, bookkeeper, etc Leborer INK-THIS IS A must be made for 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, sawmill, bank, etc. F. E. R. work was done, as own home, lawyer's office, silk mill, etc. Own Home Date (month and year) last engaged in this work
 Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent ______ 19..... in this work Still working 19..... in this work...1.yr.... 27. What prophylactic was used to prevent Ophthalmia Neonatorum?20% Arcryol..... UNIFADING 28. Number of children of this mother (At time of this birth and including this child) WITH UNE Before labor..... months or weeks 30. Cause of stillbirth. August 29. If stillborn. period of gestation / matte During labor CERTIFICATE OF ATTENDING PHYSICIAN I hereby certify that I attended the birth of this child, who was date above stated When there was no attending physician ! or midwife, then the father, householder, etc., should make this return. t Give name added from a supplemental report.....(Date of) child Registrar.

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PROVINCED IFF 12 F STATE OF IDAHO ORD. Every item of PHYSICIANS should DO NOT WRITE IN THIS SPACE PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE Bannock BUREAU OF VITAL STATISTICS County of..... OF DEATH Pocatello State File No..... Registration District No..... Primary Registration District No. Local Registrar's No..... Pocatello General Hospital (If death occurred in a hospital or institution, give its name instead of street and number) Infant Clark 2. FULL NAME..... Pocatello. Idaho. (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. Oyrs, O mos. Ois. How long in U. S., if of foreign blirth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SICX 4. Color or Race 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year Aug. 101934. ed or Divorced (write the word) Male White Single 22 I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of I last saw h....alive on 193...: death is said 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, atm. 1934. August 10. The principal cause of death and related causes of impor-Years Months Davs If LESS than S**tf1**1 tance were as follows: Date of onset 1 day.... hrs. Born 0 n or min. 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc 9. Industry or business in which work was done, as silk mill. Infant saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) occupation Pocatello, 12. BIRTHPLACE (city or town) Idaho. (State or country) FATHER 13. NAME Name of operation...... Date of...... 14. BIRTHPLACE (city or town) Oaklahoma. What test confirmed diagnosis?.... Was there an autopsy?... (State or country) Ы 23. If death was due to exter'l causes (violence) fill in also Lenora Robbin 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury..., 193. OF 16. BIRTHPLACE (city or town)..... Where did injury occur?..... (State or country) (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) 178 Idaho St. Pocatello public place. 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... Pocatello, Idaho Date Aug. 11 1834 state OCCI Nature of injury..... Mortuary 24. Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased? Pocate Lo (Address) (Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

EXAMPLE I

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9.—The industry of business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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EVAMBLE II

EXAMPLE I	1	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of coset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	_		-
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
	-		
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

ATE OF IDAHO PLACE OF IT OF PUBLIC WELFARE RECORD County of BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH State File No. Registration District No..... (If born in hospital or institution give Pring Registration District No. 2/6/ Local Registrar's No. name.) FULL NAME OF CHILD. (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Sex of in order Triplet of birth or other? Child (To be answered only in event of plural births) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth. Stillborn Born alive but now dead. FULL Residence (Usual place of (Usual place of If non-resident If non-resident. give place and Sta give place and Stat Birthplace Birthplace. (City and State or County City and State or County WITH Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE PLAINLY I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature). WRITE B. — In *Where there was no attending physician or mid-wife, then the father, householder, etc., should (Physician or midwife) make this return. A stillborn child is one that neither breathes nor shows other evidence of life Address. after birth.

BEC!	DEPARTMEN	TE OF IDAHO OF PUBLIC WELFARE OF VITAL STATISTICS	DO NOT WRITE	IN THIS SPACE
PLACE OF DEATH Sounty-of Samuel	<i>"</i>	CATE OF DEATH	_ State File No	00200
City of Lava Not	Registration Dis	rict No	Local Registra	ar's No. 22
2. FULL NAME.	(No	itution, give the name instead of str)	2.6.1
(a) Residence. No (Usual place of abode) Length of residence in city or tow	on where death occurred. yrs.		(If nonresident give city S., if of foreign birth?	or town and State)
PERSONAL AND	STATISTICAL PARTICULARS	}I	MEDICAL CERTIFICATE OF	DEATH
8. Male 4. COLOR	OP ACT 5. Single Marrie or Divorce (write	d, Widowed, e the ord)	Slept	(Year)
5a. If married, widowed, or divor HUSBAND of (or) WIFE of	reed	17. I HEREB	Y CERTIFY, That I attended de	
6. DATE OF BIRTH (month, da	ay and year) Sept 7	934 that I last saw	heardive on Miller	, 19
7. AGE Years Mon	nths Days If LE	nrg. Or il	occurred, on the date stated abo	ve, at 2 1/5.7
		min. The CAUSE O	DEATH WEE as follows:	tal
8. OCCUPATION OF DECEASE	Ma o		Deleve	y.
(a) Trade, profession, or particular kind of work				<i></i>
(b) General nature of industr business, or establishment in			(duration)	yrsmos
which employed (or employer) (c) Name of employer		CONTRIBUTO (Secondary)	RY More kn	son
(c) Name of employer		(Secondary)	(duration)	.yrsmos
9. BIRTHPLACE (city or town (State or country)	sava sy	18. Where wa	disease contracted	
10. NAME OF PATHER	1 Detain		ace of death? Dat	o of
lowa	rd 6 Do	Was there an	A A	e or
11. BIRTHPLACE OF FATE	HER (city or town)	11441 H	irmed Ragnown	
(State or Country)	mon	(Signed)	OF Duis	, м
(State or Country)	rell His	sine 7-1	, 10.5 4 (Address)	ava Horg
18. BIRTHPLACE OF MOTI (State or Country)	Here (city or town)	CAUSES, state	SEASE CAUSING DEATH, or (1) MEANS AND NATURE DENTAL, SUICIDAL, or HOM	OF INJURY, and
copy frontifical	a Ca Rich	19. Place of B	urial, Cremation, or Removal	Date of Burial
(Address)	, , , , , , , , , , , , , , , , , , , 	- La		

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure,"
"Hemorrhage," "Inanition," "Marasmus," "Old age,"
"Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

N. B...-WRITE PLAINLY, WITH UNFADING INK..-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICLANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH DEPARTMENT OF PUBL	
County of Bear Jake BUREAU OF VITAL	STATISTICS
City of Montpeller CERTIFICATE O	F DEATH State File No
Registration District No	······
Primary Registration Distric	t No. 2-136 Local Registrar's No
(No	•
(If death occurred in a nospitar or institution, gi	ve its name instead of street and number)
2. FULL NAME Daby Golmon	Mais
(a) Residence. No. (Usual place of abode)	(If nonresident give city or town and state)
	mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. Color or Race 5. Single, Married, Widow-ed or Divorce (write the	21. DATE OF DEATH (month, day and year) 1937
water tafait	22. A HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Self 3, 193.4, to Sept 3, 193.4
6. DATE OF BIRTH (month, day, and year)	I last saw halive on, 193: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at ZiuA.m. The principal cause of death and related causes of impor-
7. AGE Years Months Days If LESS than 1 day, hrs.	tance were as follows: Date of onset
8. Trade, profession, or particular	Still bour
kind of work done, as spinner, sawyer, bookkeeper, etc	Cause tuberoun
9. Industry or business in which work was done, as silk mill.	
saw mill, bank, etc	
10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this	Other contributory causes of importance:
(mo. and yr.) occupation	
12. BIRTHPLACE (city or town). The state or country)	
14. BIRTHPLACE (city or town) Monthsolm (State or country)	
14. BIRTHPLACE (city or town) Moulfeline	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193.
16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Sperschill Rollings	(Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in
(Address) Montpelin Lake.	public place.
18. BURIAL, CHEMATION OR REMOVAL	Manner of injury
Place Months 193 /	Nature of injury
19. UNDERTAKER (Agaress)	of deceased?(x) so specify
20. FIAFTE 176. 3., 193. 4 A. H. Lun	(Signed) M. D.
Registrar	(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

PYAMPIR I

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

DARM DD 1		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	
			

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3 4	1. PLACE OF BIRTH	STATE OF IDAHO
立章	County of Birgham	DEPARTMENT OF PUBLIC WELFARE
94	City of Blackfoot	BURBAU OF VITAL STATISTICS 24955
f more	No	CERTIFICATE OF BIRTH
22	Wilson Ave Registration	n District No. /2/ State File No.
case o		stration District No. 1807 Local Registrary No. 436
심력	2. FULL HAME OF CHILD (Stillborn	(Evans
N. B	3. Sex if plural 4. Twin, triplet, or other	6. Premeture 7. Legiti-
	hirths)	0. Date 019/25
RECORD.		Full term mater. 15.5 (Ment)
Š ž	9. Full FATHER name	18. Full MOTHER maiden
RECOR number	William E. Evans	name Glady Staten
-	10. Residence (usual place of abode) Blackfoot	19. Residence (usual place of shode) Blackfoot
Zã	(If non-resident, give place and State)Id	(If non-resident, give place and State)
Se	11. Color or race. W 12. Age at last birthday 29yea	
PERMANENT each, and the	13. Birthplace (city or place) Murray, Utah (State or country)	22. Birthplace (city or place)Neider, Idaho (State or country)
E 2	14. Trade, profession, or particular	23. Trade, profession, or particular kind
A	kind of work done, as spinner, Laborer sawyer, bookkeeper, etc	of work down or househouse.
IS A	sawyer, bookkeeper, etc Laborer 15. Industry or business in which work was done as all mill	E 24 Industry on business to the
E e e		24. Industry or business in which work was done, as own home,
LTHIS be mad	sawmfil, bank, etc	lawyer's office, silk mill, etc.
ኘ ይ	sawmfil, bank, etc	ent O 25. Date (month and year) last engaged in this work 26. Total time (years) spent
INK.	Table engaged in this work	
	At Présent 19 in this work	
2 6	27. What prophylactic was used to prevent Ophthalmia 28. Number of children of this mother (A; time of this b	Neonatorum?
UNIFADING ate Return	Six (a) Born alive and n	now living. 1 (b) Born alive but now dead(c) Stillborn 5
2.9	29. If stillborn. months	Before labor
	period of gestation.7Mos.) or weeks 30. Cause of s	tillbirthPlaceta Previa Before labor. During laborYes
WITH UN Soperate	CERTIFICATE OF ATTEND	DING PHYSICIAN OR MIDWIFE
ا يو خ		d, who vastillborn as Am, on the date above stated
25		Mora aliye of Stations of the date above stated
PLAINLY Id at birth	When there was no attending physician (or midwife, then the father, householder,)	(Signed) MICHELL M. D.
₹ ;	etc., should make this return.	Or
고교	Give name added from	or Midwife
본정	a supplemental report(Date of)	Address
RITE ne chil	,	Filed Step 8, 1994 KDV 1 RUM 6 1851
₹ 5 }	Registrar.	Bogistru.

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PLACE OF DEATH County of City of County of City of County of City of County of City o		IC WELFARE TATISTICS DEATH No. / / / / / / / / / / / / / / / / / / /)	90431 strar's No. 165
PERSONAL AND STATISTICA 3. SEX 4. COLOR OR RACE Finall White			MEDICAL CERTIFICATE OF	5 , 1834
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 1/1	Sift	CERTIFY, That I attended dec 2), 1934, to 21	1934
6. DATE OF BIRTH (month, day and year) 7. AGE Years Months Di 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)		and that dea *State the DI CAUSES, *tate whether ACCID The CAUSE OF	th occurred, on the date stated (SEASE CAUSING DEATH, or is a 11) MEANS AND NATURE DENTAL. SUICIDAL, or HOMIC F DEATH was as follows:	above, at
9. BIRTHPLACE (city or town) (State or country)	yout I do ho	(Secondary)		
10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (city or (State or Country)	n. E. Evans town Murray, Mah	18. Where was	s disease contracted place of death? on precede death? Da	
12. MAIDEN NAME OF MOTHER 18. BIRTHPLACE OF MOTHER (city of (State or County))	r town Cattern word. With	()	nfirmed digraceis?	Chron dons
14. Informant (Address) 15. Filed Sept 26 19 34 MM	words advis Mallate Lati Registrar.	~-//	Runnieh	Date of Burial 1.25 193 Address Blackfort

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

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cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidmic cerebrospinal meningitis"); Diptheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia"): Lobar Pneumonia: Bronchopneumonia ("pneumonia," unqualified, is indefite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition." "Marasmus." "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

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statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

STATE OF IDARD PLACE OF BIRTH —In case of more than in order of birth stated RECEIVED DEPARTMENT OF PUBLIC WELFARE County of Municipal OF VITAL STATISTICS City of... CERTIFICATE OF BIRTH ZZJU State File No. Registration District No. (If born in hospital or institu-Prim. Registration District No. 2/1-P. Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD 7. Legiti-8. Date of [5plural 3. Sex birth..... births 5. Number, in order of birth..... Full term LCD mate?..! (Month, Day, Year RECORD. MOTHER 18. Full 6 FATHER Full maiden \ name narman In: 7 el. name Malae M. 19. Residence (usual place of abode) 10. Residence (usual place of abode) TX1 (If non-resident, give place and State). (If non-resident, give place and State). 20. Color or race 21. Age at last birthday 38. (year PERMAK: 122. Birthplace (city or place) X/amilton Muc 13. Birthplace (city or place) Wasselten. (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, A. kind of work done, as spinner, 24. Industry or business in which work was done, as own home. made lawyer's office, silk mill, etc. Jun Hame 25. Date (month and year) ast engaged in this work 26. Total time (years) spent ۾ ノin this work..... fet 1934 in this work 242 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WFADING Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. 2 (b) Born alive but now dead......(c) Stillborn. V Before labor. U.S. or weeks 30. Cause of stillbirth 7/45 hrstie lovema 29. If stillborn. period of gestation. 7./10... During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MOWIFE I hereby certify that I attended the birth of this child, who was Q ≰ .L. 5m. on the date above stated. Alive or Sellborn When there was no attending physician ! (Signed) or midwife, then the father, householder, etc. should make this return. Midwife Give name added from a supplemental report..... Address d Registrar.

NAME OF THE PARTY William St. March Commission (A) de lacet de la constant de la consta CHIEF TO PRESENT TOP TO A PROPERTY OF THE PARTY ATTING TO SOLETY AT A SOLETY CO. 127 A COMPANY TO THE PARTY OF THE P whose to make the state of the last of the the bac could be the flee land the The contraction career in the second contraction in The state of the s the second section of the second second COLUMN TO SECRETARIA CONTRACTOR DE LA COLUMN Trade production or ordered the The state of the second The state of the state of the Mark and the Control of the Control THE RESERVE OF THE PERSON OF T The state of the s After more than the second contract of the second s to to - the man with the court of the court manufacture of the second of t THE LAND WAS THE PARTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF her with the time of the contraction with the contraction of the contr William the Court was been been supply will The second secon

B....WRITE PLAINLY, WITH UNFADING INK..-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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Sunty of Parly CERTIFICATE	DO NOT WRITE IN THIS SPACE STATISTICS 90455
Registration District No Primary Registration District (No	ci No. 2/11-0 Local Registrar's No./ 7
FULL NAME Stillbirth D	aliene Mc Fee
(a) Residence. No	(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widow, ed or Divorced (write the word)	21. DATE OF DEATH (month, day and year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I REREBY CERTIFY, That I attended deceased from 193.4, to 193.4
6. DATE OF BIRTH (month, day, and year)	I last saw how attree on
7. AGE Years Months Days If LESS that 1 day, hr	tance were as follows: Date of ons
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	of Placened, 19
10. Date deceased last work. ed at this occupation (mo. and yr.)	Other contributory causes of importance: Jappe 1 Other contributory causes of importance: Jappe 1 Jappe 1
13. NAME Norman My Fee 14. BIRTHPLACE (city or town) Hamilton, Min (State or country)	What test confirmed diagnosis? Was there an autopsy
15. MAIDEN NAME Malge M. Jackman 16. BIRTHPLACE (city or twn). Hamultan, (State or country)	23. If death was due to exter'l causes (violence) fill in a the following: Accident, suicide, or homicide? Date of injury, 1 Where did injury occur?
17. INFORMANT (Address)	Specify whether injury occurred in industry, in home, or public place.
18. BURIAL CREMATION OR REMOVAL JULIAN PRINCES CONTROL OF THE PRINCES OF THE PRIN	Manner of injury
19. UNDERTAKER Address (Address)	24. Was disease or injury in any way related to occupat of deceased? It so, specify (Signed)
20. FILER A. 1. 2., 198. V Registrar.	(Signed) (Address) Adaha Falls, L

UNITED STATES STANDARD CERTIFICATE OF DEATH-

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

DVAMDIDI

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees." "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of ouset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	 	

	134-120 009 1289		
pan	1. PLACE OF BIRTH	STATE OF IDAHO	
5 H	County of Bonner	BUREAU OF VITAL STATISTICS	
of more h stated.	City of Sandpoint	CERTIFICATE OF PIPTU -225034	
o d	No St.	CERTIFICATE OF BIRTH 225034	
case o	Registration Di	strict No	
of P.	(If born in hospital or institution Prim. Registrati	ion District No. 2155 Local Registrar's No. 121	
. B.—	give name.)		
Zg	2. FULL NAME OF CHILD Robert Howard A	14:14:	
PERMANENT RECORD.	3. Sex 35-3 of plural 4. Twin, triplet, or other6. Pro	emature7. Legiti8. Date of	
S 2	5. Number, in order of birth Fu		
E E	9. Full FATHER	18. Full MOTHER	
F	name Lynn Aldrich	maiden name Lenn Saipp	
N S	10. Residence (usual place of abode) (If non-resident, give place and State) Sandpoint	19. Residence (usual place of abode) (If non-resident, give place and state) Sand point	
d t	11. Color or race12. Age at last birthday (years)	20. Color or race 21. Age at last birthday (years	
ER i			
A F	13. Birthplace (city or place)	22. Birthplace (city or place)	
हि ह	kind of work done, as spinner, WOOd sma.n	23. Trade, profession, or particular kind of work done, as housekeeper, Housewife typist, nurse, clerk, etc	
-THI e mad	sawyer, bookkeeper, etc. 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work work.	typist, nurse, clerk, etc	
WITH UNFADING INK—THIS a Separate Return must be made	16. Date (month and year) last engaged in this work spent in this work spent in this work 10	25. Date (month and year) last engaged in this work Sept. 20th. 1934 spent in this work 100 Sept. 20th. 1934 spent in this work 110 Sept. 20th. 20th. 1934 spent in this work 110 Sept. 20th. 1934 spent in this work 110 Sept. 20th. 2	
O E	27. Number of children of this mother	w living 4. (b) Born alive but now deplace (c) Stillborn	
NA.	28. If stillborn, 9 the Months	Pre Partum Hemorrhage Before laborYes	
E E	period of gestation or weeks 29. Cause of stillbirt	h During labor	
E	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was (BOW MAYOR THE PROPERTY AND		
a K	I hereby certify that I attended the birth of this child, who	was m. on the date above stated	
감당	(When there was no attending physician)	TITO TNAMA	
a A	(etc., should make this return.	-8,,	
E PLAINLY child at birth,	Give name added from a supplemental report	, Midwife	
田口	(DATE OF)	dress Sendount Viola aller	
WRITE one cl	Registrar.	led Cl. 7. 3. 193 7. V. 1974 Registrer.	
>			

ATTEN TO THE STREET

The state of the s

B.--WRITE PLAINLY, WITH UNFADING INK.--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

ż

RURHAL OF VIDAL	AHO JC WELFARE DO NOT WRITE IN THIS SPACE STATISTICS				
City of Sand Point CERTIFICATE O	F DEATH State File No. 90479				
Registration District No Primary Registration District	78 No. 2.155 Local Registrar's No. 74				
(No. So. Division 57 (If death occurred in a hospital or institution give its name instead of street and number) 2. FULL NAME 57//born Advich					
(a) Residence. No. So. Division St. St. (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. Color or Race 5. Single, Married, Widowed or Divorced (write the	21. DATE OF DEATH (month, day and year 24 1937				
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from to				
6. DATE OF BIRTH (month, day, and year) CASE Years Months Days If LESS than	I last saw halive of				
5カリルナカ 1 day, hrs. or min.	tance were as follows:				
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	of placenta 1934				
ed at this occupation (mo. and yr.) spent in this occupation	Other contributory causes of importance:				
12. BIRTHPLACE (city or town)					
18. NAME LENNAldrich	Name of operation				
(State or country)	What test confirmed diagnosis? Was there an autopsy?				
15. MAIDEN NAME Lena Shipp 16. BIRTHPLACE (city or town)Lusk	23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193.				
5 16. BIRTHPLACE (city or town)	Where did injury occur?(Specify city or town, county, and state)				
17. INFORMANT Africa William (Address)	Specify whether injury occurred in industry, in home, or in public place.				
18. BURIAL, CREMATION OR REMOVAL MARCH CST	Staner of injury				
Place 19 UNDERTAKER (Address) Date 19 UNDERTAKER	Nature of injury. 24. Was disease or injury appropriated to eccupation of deceased? If expression was related to eccupation.				
20. FILED Sept 22, 198.4 Usola Rogistrari	(Signed)				

UNITED STATES STÄNDARD CERTIFICATE OF DEATH

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- 8.—The trade, profession, or particular kind of work done.
 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

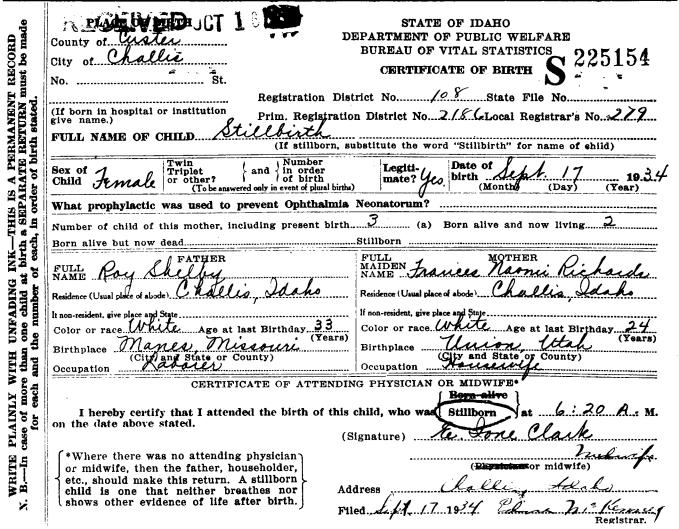
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular lar kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Other contributory causes of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN	



OF IBANO DECEMBER OF PUBLIC WELFARM The state of the state of BURNEY OF VIT L SATISTICS ... SERLEMBER 15 TEVENDERS SE Registration Differen No. Lacin le hospital at institution trans Registration District Min. Registrate Plans AUDIO TO BELL LIFE It's stilloom mentalities word will still mann of shinis कार्य तथा है. , 10 obsett Logarie Chow assecred wife a finish put to the state of the state Tono Mi (28C) What also be as used to present (philipsh a Neonstorent? Number of will of this mather, including to seem the control of the first alive and new fiving The same of the sa ARBEST ! The state of the s work to the same place and the same of the the time to say a later to be hotog or race of the an Age at has Blothen ... Birthplace (15 yard) merinskas erecte ing Sura or Counter rottommer's fur application. AN GERTIER ATE OF ATTENDED PHENICAN OR MINETERS District of the last the date above stated. (Signature) The second of the second secon to Hyphan 10 maintenants 14. a feldwife, then the father, househelder, thould make this return. A stillbern are that pettier beauties in z to be of the same of the same of

	PLACE OF DEATH	STATE OF IDA DEPARTMENT OF PUBL BUREAU OF VITAL S	IC WELFARE	DO NOT W	rite in th	
	ounty of Cuples	CERTIFICATE OF	DEATH -			
	ity of Challes	Registration District No	108			10
()	toy or	Primary Registration District	No. 7/8	- 6	Local Regis	trar's No. 18
		(No.)	- 06
	(If death occ	curred in a hospital or institution, give			er.)	200
2.	FULL NAME	Stillbirth		···		
	(a) Residence. No.				ident give city	or town and State
Let	(Usual place of abode.) ngth of residence in city or town where	death occured yrs. moa.	ds. How long	in U.S. if of for	eign birth?	yrs. moi.
	PERSONAL AND STATISTIC			MEDICAL CERT	IFICATE OF D	EATH
3.	EX 4. COLOR OR RACE	5. Single, Married, Widowed.	16. DATE Q	F DEATH		
7	le le milite	or Divorced (write the word.)	1 3	e bet	1	, 1 (Ye
5a.	. If married, widowed, or divorced			(1/2011 011)		
•	HUSBAND of (or) WIFE of	5	17. I HEREB	Y CERTIFY, That	I attended dece	as d from
	(OI) WIFE OI	011 17 162	PIL 1	7 1934	•	
6.	DATE OF BIRTH (month, day and year)	was in the		w harmalive on		
7.	AGE Years Months	Days If LESS than I day,	and that de	ath occurred, on t	he date stated	above, stw. N
		min.	*State the I	DISEASE CAUSING te (1) MEANS A DENTAL, SUICID	ND NATURE	OF INJURY, and
8.	OCCUPATION OF DECEASED (a) Trade, profession, or		The CAUSE C	F DEATH* was as	follows:	0-6-6
	particular kind of work		نتحت	سالال	- بېرت	Clicke
	(b) General nature of industry, business, or establishment in		- Land	men	<u>at ki</u>	mo may
	which employed (or employer)		b 2 1 4	. Possel	le pre	ematin
	(c) Name of employer			160	ester	
	BIRTHPLACE (city or town)(State or country)	Challen	Separa	200	- C	
T		01	CONTRIBUTY (Secondary			
	10. NAME OF FATHER	Shella	(dry ba		ration)y	rsmos
<u>.</u>		Talanea	11 11 1100 -	as disease contract place of death?		know
Z	11. BIRTHPLACE OF FATHER (State or Country)	O man	Did an opera	tion precede death		
PARENT	12. MAIDEN NAME OF MOTHER	D. 0	' 11		- Y1	
٦.	12. MAIDEN NAME OF MOTHER	rancia Unelast		ontimed diagnosis	; ; ; ; , , , , , , , , , , , , , , , ,	, ,,\ \ \
	18. BIRTHPLACE OF MOTHER (city (State or County)	or town) White	Signed	-	ر در می میسید،	£ 55
	<u> </u>	1 11	200	· · · · · · · · · · · · · · · · · · ·	Address)	المر وميانا
14	Informant A	hely,	II - //	Burial, Cremation,	or Removal	Date of Buris
	(Address)	Ocheliale	1	elles -	Idahi	Address
15		Edna mi Fenny	20. Undertal	ker	£ . n	Address
	Filed 1924.	Registrar.	11		runds	carre

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager." "Dealer," etc. without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH(the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidmic cerebrospinal meningitis"): Diptheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia"): Lobar Pneumonia: Bronchopneumonia ("pneumonia." unqualified, is indefite); Tuberculosis of lungs, meninges, peritoneum, etc... Carcinoma, Sarcoma, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms: Measles: Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia." "Anaemia" (merely symptomatic) "Atrophy." "Collapse." "Coma." "Convulsions." "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion." "Heart Failure," "Hemorrhage," "Inanition." "Marasmus." "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident: Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

795-220-019-76-0-11/50 000	
E 1. PLACE OF BIRTH CALL UL O	STATE OF IDAHO
E T County of Custer	DEPARTMENT OF PUBLIC WELFARE
County of County	BUREAU OF VITAL STATISTICS 25163
County of Macseay City of Macseay No. No. St.	CERTIFICATE OF BIRTH
No St. Registration Dis	strict No. 7 State File No.
(If born in hospital or institution Deim Decistrati	ion District No. 2153 Local Registrar's No. 417
give name.)	ion District No. PLocal Registrar's NoL
give name.)	n 6 ~
Z 9 2. FULL NAME OF CHILD	
	remature
5. Number, in order of birth Fu	18. Full MOTHER (MONTH, DAY, YEAR)
9. Full FATHER	maiden /
name Vonals brins	name Lorda Larlar
10. Residence (usual place of abode) (If non-resident, give place and State) Maeston, Idaho	19. Residence (usual place of abode) Macroy Ida (If non-resident, give place and State) Macroy Ida
11. Color or race 12. Age at last birthday (years)	20. Color or race 42 21. Age at last birthday 2.2 (years)
13. Birthplace (city or place) Maenay Ideho	22. Birthplace (city or place) Chilly, Idaho (State or country)
14. Trade, profession, or particular	23. Trade, profession, or particular kind
kind of work done, as spinner,	of work done, as housekeeper, typist, nurse, clerk, etc.
sawyer, bookkeeper, etc. 15. Industry or business in which work was done, as silk mill.	24. Industry or business in which
work was done, as silk mill,	work was done, as own home,
sawmill, bank, etc.	lawyer's office, silk mill, etc
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work 17. Total time (years)	typist, nurse, clerk, etc
	spent in this work
Z Z /0/2/844 , 19 spent in this work_2	19
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and no mother (28. If stillborn, period of cestation, 9 (months) 28. If stillborn, period of cestation, 9 (months)	ow living(b) Born alive but now dead(c) Stillborn
Z = 28. If stillborn. (months	4 Hafara Jahan
28. If stillborn, period of gestation 9 months or weeks 29. Cause of stillbir	7
CERTIFICATE OF ATTENDIN	
I hereby certify that I attended the birth of this child, who	was at m. on the date above stated.
大名 (When there was no attending physician)	(BORN ALIVE OR STILL SORN) J. P. M. Wards M. D.
ZE { or midwife, then the father, householder, } (S	Signed), M. D.
(etc., should make this return.	Midwife
District and the second	Marlan Ldaso
	ddress
CON	lled 1937 KO20 JOURS
Registrar.	Registrar.
By the second of	

CONTRACTOR TO The second second second second THE RESERVE OF THE PARTY OF THE Con - Dec

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		

	Ş	79-130 025 -619	
1	1.	PLACE OF BIRTH INTO OCT	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE
3	Cou	inty of Cano	
4		y of States	CERTIFICATE OF BIRTH
of birth	NO.	St. Registration D	istrict No. 106 State File No.
8		born in hospital or institu-	tion District No. 2184 Local Registrar's No. 66
SŽ			Hutman
7 S	2	FULL NAME OF CHIMA	
each,	3.	Solution of plural 4. Twin, triplet, or other fam. 6. 5. Number, in order of hirth.	Full term mate? 12. 8. Date birth 20 1984.
9.0	9.	FOI FATHER /	18. Full MOTHER
RECORD. number of		Rame Philip Partman	name Man Magnetia fare
E E	10	Residence (usual place of abode)	10 Posidones (nend place of shods)
the T	1	(If non-resident give place and State)	(If non-resident/give place and State) 20. Color or race 22. 21. Age at last birthdays 21. (years)
	11.	Color or race 12. Age at last birthday (years)	22. Birthplace (city or place)
PERMAN	13.	Birthplace (city or place)	(State or Gountry)
PER each		14 Trade profession, or particular	23. Trade, profession, or particular wind of work done, as housekeeper,
	z	kind of work done, as spinner, sawyer, bookkeeper, etc	of work done, as housekeeper, typist, nurse, clerk, etc.
IS A for	ATTON	15 Industry or business in which	typist, nurse, clerk, etc
	PA	work was done, as silk mill, sawmill, bank, etc	lawyer's office, silk mill, etc.
	8		25. Date (month and year) 26. Total time (years) spent
, A	8	16. Date (month and year) last engaged in this work 17. Total time (years) spent	best engaged in this work 25. Total time (years) spent
INK THIS must be mad	_	19NY in this work	1884. III this works parties
	27	What prophylactic was used to prevent Ophthalmia Ne. Number of children of this mother (At time of this birth	h and including this child)
	28.	(a) Doin anve und non	
UNFADING	29.	. If stillborn, period of gestation f. Mo. months or weeks 30. Cause of still	birth Jall -and albumus Before labor Ho
WITH Sepa	-	CERTIFICATE OF ATTENDIN	IG PHYSICIAN OR NUDWIFE
¥ 20 €		I hereby certify that I attended the birth of this child,	who was the at a m. on the date above stated.
SELY Brth	,	When there was no attending physician !	(igned) H W Entropy M. D.
	}	or midwife, then the father, nonsentiaer,	Midwife
PLA	G	tre name added from	Att. Adels
TE I	12	supplemental report	idress
RIT		F	led Oct 10 , 198 4 M Varbukurs
≥6		Registrar.	



should state STATE OF IDAHO OCCUPA. DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE PLACE OF DEATH BUREAU OF VITAL STATISTICS County of... CERTIFICATE OF DEATH State File No. City Primary Registration District No......2, Local Registrar's No.... PERMANENT RECORD. A hespital or institution. give its name instead of street and number. FULL NAME Residence. No. (Usual place of abode)
Length of residence in city or town where death occurred. (If nonresident give city or town and state) ds. How long in U.S., if of foreign birth? yrs. mos. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, 21. DATE OF DEATH (month day, and year) 193 or Divorced (write the word) BINDING I HEREBY CERTIFY, That I amended deceased from...... 5a. If maried, widowed, or divorced HUSBAND of , 193.....: death is said properly (or) WIFE of to have occurred on the date stated above, at..... 6, DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of importance MARGIN RESERVED FOR If LESS than were as follows: Date of onset 7. AGE Years Months Day 1 day,..... hrs. pluode min. 8. Trade, profession, or particular kind of work done, as spinner, OCCUPATION sawyer, bookeeper, etc 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... 9 10. Date deceased last worked at 11. Total time (years) instruction this occupation (month and spent in this year). 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation Date of..... plain What test confirmed diagnosis? Was there an autopsy? 14. BIRTHPLACE (city or town). (State or country) 23. If death was due to exter causes (violence) fill in also the following: Į. very important. MOTHER Where did injury occur?. 16. BIRTHPLACE (city or town) (Specify city or town, county, and State) (State or country) Specify whether init ry occurred in industry in home, or in public 17. INFORMENT (Address) OF. Manner of injury..... 18. BURIAL, CREMATION. Nature of injury CAUSE TION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify (Address) Registrar.

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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		
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APPLOP IDAHO DEPARTMENT OF PURISO WELFARE County of BUREAU OF VITAL BEATINGS City of Free CERTIFICATE OF BIRTHState File No. (If horn in hospital or institu-Prim. Registration District No. tion give name.) 2. FULL NAME OF CHILD N. B. 7. Logiti-4. Twin, triplet, or other...................................6. Premature... 8. Date of (f plural birthe meta? 5. Number, in order of birth..... Full term. 4... letth, Day, Tear) PERMANENT RECORD. each, and the number of MOTHER 9. Pull 18. Fmll FATHER maiden name 19. Residence (tisual place of abode) 10. Residence (usual place of spode) (If non-resident, give place and State)..... (If non-resident, give place and State) 20. Color or rectife | 21. Age at last birthday 23 (years) 11. Color or race. 11. 12. Age at last birthday ... (years) 22. Birthplace (city or place). 13. Birthplace (city or place) (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper for typist, nurse, clerk, etc. made for 24. Industry or business in which 15. Industry or business in which work was done, as own home. INK THIS lawyer's office, silk mill, etc. 25. Date (month and year) 26. Total time (years) spent 8 16. Date (month and year) must 19 in this work 19...... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead......(c) Stillbern...... Shausulated Cons Before labor. months or weeks 30. Cause Com 29. If stillborn, During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was..... m. on the date above stated. When there was no attending physician / or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report Registrar.

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tate PA:	PLACE OF DEATH	DAHO BLIC WELFARE DO NOT WRITE IN THIS SPACE			
ry item o nould state OCCUPA	County of Jofforeon	BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WHITE IN	THIS STACE
Every S phou t of OC	City of Lorenzo			State File No	90659
NNS ent c		Primary Registration Distr	ict No2176	Local Registrar's l	No. 46
T RECORD. PHYSICIAN Exact statemen	(If death oc.	(Noa hospital or institution, n Blaine Ellis	give its name instead	of street and number.)	306
	(a) Residence. No (Usual place of abode) Length of residence in city or town wh	nere death occurred. yrs. mos.	St. (If nonresident give city or town and state) . ds. How long in U. S., if of foreign birth? yrs. mos.		
NENT FLY. 8d. B.	PERSONAL AND STATIS	TICAL PARTICULARS	MEDIC	CAL CERTIFICATE OF DE	ATH
MAN ACTI sified	3.SEX 4. COLOR OR RACI	5. Single, Married, Widowed, or Divorced (write the word)		I (month_day, and year) 👸	
EX.	Lale hite 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	Babe	I last saw h	ERTIFY, That I settended of	deceased from 19334
HIS IS A Hild be stated be properly certificate.	6. DATE OF BIRTH (menth, day, an 7. AGE Years Manthe	Days If LESS than 1 day,hrs. or min.	to have occurred on	the date stated above, and of death and related cause	nym.
K—Ti shou may	8. Trade, profession, or particul kind of work done, as spinn		00	del.	
Z U Z Z Z	kind of work done, as spinn sawyer, bookeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this convention, (morth, and			prenatal	
DING ied. A so that tion on	10. Date deceased last worked at this occupation (month and year)		Other contributory	causes of importance:	
UNFADIN y supplied. terms, so tl instruction	(State or country)	Lorenzo daho			
	13. NAME Alton Ellis 14. BIRTHPLACE (city or town) La Belle (State or country)		li l	none	
VITH refull plain See	14. BIRTHPLACE (city or town) (State or country)	La Belle Ideho	11	liagnosis?Wastl exter'lcauses (violence)fill in	
it is a		Pearl Drake	[-]	nomicide?Date	
LAINLY, Webould be can DEATH in y important.	15. MAIDEN NAME Lela 16. BIRTHPLACE (city or town) (State or country)	Lorenzo Idano	li	ccur?	
Fig. 2 P	17. INFORMENT (Address)	Shir oda	place.	1	
M . O P	18. BURIAL, CREMATION, OR REM Place Annis, Idah	OVAL Date Sept. + 81934.			
.—WRITH informatio CAUSE O	19. UNDERTAKER II ON (Address)	6	24. Was disease or inju		pation of acceased?
. B	20. FILED SUP [18, 193 /	Me korall Registrar.	(Signed)	Lona XX	M.D.
F	-		•	·	1

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE RECORD County of BUREAU OF VITAL STATISTICS 225301 CERTIFICATE OF BIRTHState File No. . Registration District No..... (If born in hospital or institution give Prim. Registration District No. O. Local Registrar's No. 3 FULL NAME OF CHIL (If stillborn, substitute we word "Stillbirth" for name of child) Twin Number Date of Legitia Sex of in order Triplet birth or other 1 of birefi mate? Child (To be answered only in event of plural births) What prophylactic was used to prevent Ophthalmia Neonatorum? THIS SEP Number of child of this mother, including present birth... (a) Born alive and now living. Stillborn Born alive but now dead FULL MAIDEN FIII.I. NAME Residence (Usual place of abode (Usual place of abo number If non-resident. If non-resident. give place and State give place and State Color or rac Color or race. Ţ and State or County) Birthplac Birthplace. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* case or I hereby certify that I attended the birth of this child, who was on the date above stated. (Signature)..... (*Where there was no attending physician or mid-) wife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

BUREAU OF VIEWE SPATISTICS CERTIFICATE D Registration District No. Frim, Registration District No. Loud Registration If million, nuberitute De word willhirth are Legitized Longy in event of abore blebes What prophylactic was used to revent Ophthalmia Neonatorum? Number of child of this mother, archidion present birth. Boen alive but now dead (Charles to easig laim() Amebican-non 11 If non-resident. give place and States sive clace and state sud Mate or County? Occuration... BERRIATE OF ATTENDING PHYSICIAN OR MID THE WAY I hereby certify that I attended the birth of this child, who ward billborn on the date above stated. Signature)...... When there was no attending physician or mid-) make this return. A stiffed a cold that ? notther breatifies nor above other evidence of life

PLACE OF DEATH	STATE OF I DEPARTMENT OF PUT BUREAU OF VITAL	BLIC WELFARE	DO NOT WRITE IN	THIS SPACE
County of Albanian	CERTIFICATE		State File No	90574
7	Registration District No	_ ```		2/8
	Primary Registration Distr		Local Registrar's No	a
/ //	in a hospital or institution.	rive its name instead	of street and number)	206
(a) Residence. No(Usual place of abode) Length of residence in city or tow		(If nonre	Stsident give city or town in U. S., if of foreign birth	and state) ? yrs. mos. d
PERSONAL AND STATIS		¥	AL CERTIFICATE OF D	
3. SEX 4. Color or Rac	ed or Dixorced (write th		ATH (month, day and ye	ar) 7/29 19:
5a. It married, widowed, or div HUSBAND of	vorced fin gle	gulg 29	ERTIFY, That I attended	ed deceased fro
6. DATE OF BIRTH (month de	ay, and year)	I last saw homa	· • ·	: death is sa
7. AGE Years / Months	21 1934	The principal can	on the date stated above use of death and related	
4	1 day, hi	H	follows:	Date of ons
8. Trade, profession, or partikind of work done, as	cular	Alle	and due	
sawyer, bookkeeper, etc	vhich	. to tacks	mpsed	
	till,			
10. Date deceased last work. ed at this occupation (mo. and yr.)	11. Total time (years) spent in this occurrenting	Other contribut	tory causes of importance	:
12. BIRTHPLACE (city or tow	n) /alh duyong			
(State or country)	7611 mans			
14. BIRTHPIACE (ciry) or t	Trusw	Name of operatio	Bull	. Days of 7/2
(State or country)	Maneas ,	What The Clark	Carding house of . Mastin	
15. MAIDEN NAME UN	an I saught	the following:	due to exter'l causes (vio	
16. BIRTHPLACE (city or to state or country).	own). Open of Bluff	Where did injur	y occur?	
17. INFORMANT	The	- 11	pecify city or town, coun injury ccurred in indust	
(Address) 18. BURIAL, CRIMATION OR	REMOVAL	public place.		
Place. Tekutlesan C	Ly Date 7/3/ 193	Manner of injury Nature of injury	y . f	
19. UNDERTAKER DOLLA	edy types Home	24. Was disease	minjury in any way rela	
(Address)	Walthdren da	of deceased?	F. E North	, M.
20. FILED Ling 4., 1934.	Registrar.	(Address)	Kithan	uber

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over by street car	1 week ago	
	1 week ago 3 days ago	
onitis	3 days ago	
-		
roenteritis	1 year	
STATEMENTS BY PHYSICIAN		
	her CONTRIBUTORY CAUSES of importance: roenteritis STATEMENTS BY PHYSICIAN	

BUREAU OF WELL SATISTICS	County of Manager
CERTIFICATE OF FIETH	City of
on District No. 4. 2. 1. 2. Local Registrate No. 18.	(1f born in hearth tradition of Pring Registrati
Legiti, Pate'nt 2. L mater Marthal Marthal Worth (No. 18 1909)	Seg of Taket In order In order Child Child In order of purpl b
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Bierholaes Occupation NG PHYSICIAN-UK MIDWIEW	Charingian Charing and State of County)
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nature) (Physical of priducte)	(Signature there was no attending physicial or mid- by then the famer, hyperbolist, who, should family this return A sillbern child I tune that Lamber threather now above, gener with the of like
	Add the birth

STATE OF IDAHO DO NOT WRITE IN THIS SPACE PARTMENT OF PUBLIC WELFARE statement BUREAU OF VITAL STATISTICS County of State File No JRD. Every HYSICIANS Primary Registration District No. 1050 Local Registrar's No (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME.... Residence. No.... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) ed or Digerced gwrite the word) I HEREBY CERTIFY. That I attended decased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and to have occurred on the date stated above, atm. The principal cause of death and related causes of impor-7. AGE Years Months Days If LESS than follows: Date of onnet 1 day,... hrs. or min. 8. Trade, profession, or particular kind of work done, as apinner, sawyer, bookkeeper, etc ... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation! spent in this Other contributory causes of importance: (mo. and yr.) occupation. 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME ... Date of 14. BIRTHPLACE (city or town) What test confirmed diagnosis? Was there an autorsy (State or country) MOTHER 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Tate of injury ... 193. Accident, suicide, or homicide?..... 16. BIRTHPLACE (city or Where did injury occur?.... (State or country) (Specify city or town, county, and state) OCCUPATIO Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) public place. 18. BURIAL. Manner of injury..... Nature of Injury injury in any way related to occupation 24. Was disease on 19. UNDERTAKER of deceased?. (Address) 20. FILED. (Address)

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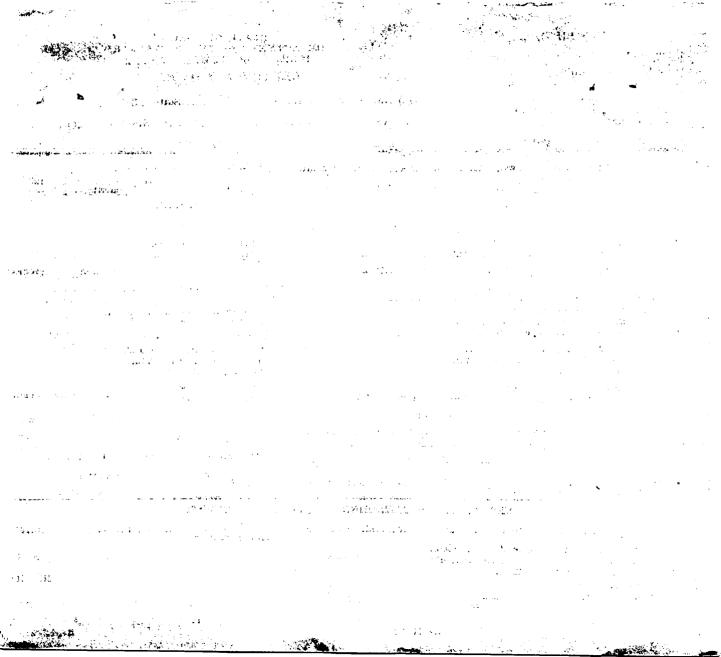
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STATE OF IDAHO ' County of da DEPARTMENT OF PUBLIC WELFAR BUREAU OF VITAL STATISTICS City of Z CERTIFICATE OF BIRTH No. Registration District No. State File No. (If born in hospital or institu-Prim Registration District No. 2/44 Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD If plural & 4. Twin, triplet, or other 6. Prematural 8. Date of 3. Sex <births hirth 5. Number, in order of birth.... Full Kernh mate?..... FATHER 9. Fill MOTHER number 10. Residence (usual place of abode) 19. Residence (usual place of abode)

(If non-resident give place and spire) (If non-respect give place and state Color or Melia. | 12. Age at last birthday 25 (years) 20. Color or regular | 21. Age at least birthday (years) 13. Birthplace (city or place) fashing ton 22. Birthplace (city or place) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeser, kind of work done, as spenier typist, nurse, clerk, etc. sawyer, bookkeeper, eto Industry or business in which work was done, as silk mill, sawmill, bank, etc. 15. Industry or business in which 24. Industry or business in which made work was done, as own home. lawyer's office, silk mill, etc. pe 16. Date (month and vear) Date (month and year) last engaged in this work
 Total time (years) spent last engaged in this work 17. Total time (years) spent DUST. in this work . in this work, 19...... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth any including this child) (a) Born alive and now living o...(b) Born alive but now dead (c) Stillborn. Before labor..... months 29. If stillborn. period of gestation or weeks 30. Cause of stilluing delikas During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who m. on the date above stated When there was no attending physician / (Signed) ... or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... Address (Date of) Registrar.



WED JOT 11 M STATE OF IDAHO PLACE OF DEAT DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BURBAU OF VITAL STATISTICS County of. CERTIFICATE OF DEATH State File No..... City of Clay Registration District No..... Primary Registration District No..... Local Registrar's No..... RECORD (If death occurred a Aspitanor institution, give its name instead of street and number) 2. FULL NAME (a) Residence. No.... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX or Rage 5. Single, Married, Widow-ed or Divorted (write the word) 21. DATE OF DEATH (month, day and year) 193 word) attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of T.: death is said 6. DATE OF BIRTH (month, day, card I last saw h. Valive on to have occurred on the date stated above, at 7. AGE The principal cause of death and related causes of impor-Years Months Days If LESS than tanco were as follows: 1 day.... hrs or min. 8. Trade, profession, or particular kind of work done, as spinner, PATION 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this (mo. and yr.) occupation 12. BIRTHPLACE (city or town).. (State or country) PATHER 13. NAME 14. BIRTHPLACE (cit What test confirmed diagnosis?.... Was there an autopart (State or country) 23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or town).... Ö Where did injury occur?..... (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) public place. WRITE 18. BURIAL, CREMATION OB REMOVAL Manner of injury..... Date A Place. L.M. atate OCCI Nature of injury..... 24. Was disease of injury in any way related to eccupation 19 UNDERTAKER ... of deceased?... (Address) (Signed) 4 (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EVAMBLE I

8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

DV 1 14 DY D 11

EXAMPLE I		EXAMPLE II			
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other contributory causes of importance: Gastroenteritis 1 year			
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	1		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					

07035 PLACE OF BINTH STATE OF IDAHO MENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS City of the CERTIFICATE OF BIRTH Registration District No._______ State File No.__ (If bond Prim. Registration District No._____96___Local Registrar's No.____ give name. FULL NAME OF CHILD 8. Date 4. Twin, triplet, or other______ 6. Premature____ 7. Legiti-3. Sex If plurai bieths Full term 5. Number, in order of birth___ mate? 18. FdII Q. Full FATHER maiden name A PERMANENT each, and the numb name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) ____ (If non-resident, dive place and State) 20. Color or rack 21. Age at last birthday 2. 11. Color or race 11 12. Age at last birthday 13. Birthplace (city or place) ---22. Birtholace (city or place) ___ (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular ខ្មីន of work done, as housekeeper, kind of work done, as spinner OCCUPATION ATION THIS sawyer, bookkeeper, etc. ___. 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, OCCUP lawver's office, silk mill. etc. sawmill, bank, etc. 25. Date (month-and year) last 16. Date (month and year) last; 17. Total time (years) engaged in this work 26. Total time (years) enga**g**ed in this work spent in this work. UNFADING Ate Return d spent in this work_____ 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living Q (b) Born alive but now dead 1 (c) Stillborn 1 Refere labor ----months 28. If stillborn. a weeks 29. Cause of stillbirth M. D. D. period of gestation... During labor__Y CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was ♣ m. on the date above stated. When there was no attending physician) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report_____ Address (DATE OF) 193_24 Registrar.

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	ee (ciry or place)			nikoloce (cfr. or gioce nica a compar.) Linda probanica or	
	work donte, as housekeeper, is name, there, and	7 lo 3		CONTROL STREET	7 62
	was fone town home.	CW S	distro ni	5 Industry or business	me ex Stude 457
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on the date above stated	The Company in an ave		inaded the bleck of this child		
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7			JÛT	المناهدية ال		STATE OF ID			
	ald sta	PLACE OF DEATH DEPARTMENT OF PUBLICATION BUREAU OF VITAL							
•	ould sta	County of No	ezPer	ce					90629
	should of OCCu	City of Lew	is ton		_		F DEATH	State File No	JUULS
, ,	700	Oity Oi					1009		
5 -	NS ont o						ict No96	Local Registrar's	No
_	I W			($_{No}$ St Jo	seph Hosp	ital')	. (
PECORD	PHYSICIANS cact statement	2. FULL 1	A 52 TAT 177 ***	*****			give its name instead and Klamper	of street and number.)	206
	PH	(a) Res (Usu Length of reside	idence. al place	Noll44 of abode)	Idaho S	treet	ds. How long in U	(If nonresident give city or). S., if of foreign birth?	r town and state) vrs. mos. ds.
7	LY.				CAL PARTICU		, , , , , , , , , , , , , , , , , , , 	CAL CERTIFICATE OF D	
, Z	EXACTLY classified.	3.SEX	4. COL	OR OR RACE	5. Single, Ma	rried, Widowed,	21. DATE OF DEATH (month day, and year) 9/7/34 193		/7/34 ₁₉₃
2 2	A is	Male	W	hite	or Sungal	(write the word)	22. I HEREBY CERTIFY, That I attended deceased from		
	EX	5a. If maried, v HUSBAND	widowed,	or divorced				, 193, to	, 193
	1 7g 📐	(or) WIFE	of				I last saw h imive on Sept 7 193493 death is said		
	tat per ate	6. DATE OF BI	PTU (me	onth day and	Sept	7 1934	to have occurred on	the date stated above, at.	DP.M.
	ild be stated be properly certificate.		ears	Months	Days	If LESS than	were as follows:	or death and related cad	Date of onset
1	ld b	(ן	O	0	1 day,hrs.	(fg.	\mathcal{L}	
	3 💆 🚆	8. Trade, profession, or particular					101121	/ Vorus-	
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	it bac	kind of sawyer 9. Industry work v saw m 10. Date de	or busin vas done, ill. bank	ness in which as silk mill, etc					in a man simple simple of a state of the same of the s
	y supplied. A terms, so that instruction on	- Luis occ	ceased las upation (- 1	1. Total time spent in t occupation	(years) his	Other contributory	causes of importance:	
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7 7		(State of	r country	or town.j)	Idah	Ö			
MAH	F T T	13. NAME	Ldwar	d Klamp	er		Name of operation		Date of
	refull plain See	T		ity or town) T		<u></u>	łi	diagnosis?Was	
	arefu plai		e or cour	ıtry) İ	Ilinois		23. If death was due to	exter'Icauses (violence)fill	in also the following:
,		M 15. MAIDEN	NAME	Bessi	Fl u ke		Accident, suicide, or l	homicide? Da	te of injury, 193
P	ort Habi	15. MAIDEN NAME Bessie Fluke 16. BIRTHPLACE (city or town) SO Dakota (State or country) 17. INFORMENT Edwark Klamper					Where did injury o	ccur?(Specify city or town, cou	enty and State)
	A du						Specify whether injury occurred in industry in home, or in public		
		17. INFORMEN	4	ark Kla			place.		
	ion OF	(Addres		iston I			Manner of injury		***************************************
•		18. BURIAL, C.	REMATIO O raa I	N. OR REMOV	Date 9	10/34 193	Nature of injury		<u></u>
	-walle informatio CAUSE O TION is v	19. UNDERTAI					24. Was disease or in	ery many way related to oc	cupation of deceased?
3	inform CAUS TION	(Addres	s) Lew	riston I	daho		If so, specif	10/2/4/	(1-41)
ß	, .a o e	20. FILED	2/	, 193	2.0	Recistrar.	(Signed)(Address)	yeur VVV	ТЧР , м. D.
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STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

EYAMPLE I

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

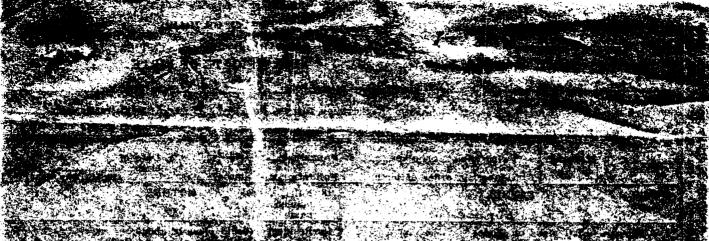
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

TVAMDIE II

		EXAMILE		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	1	
			,	

County of James and St. St.	DEPARTMENT OF PUBLIC WELFARE AZ DOZY BUREAU OF VITAL STATISTICS GERTIFICATE OF BIRTH
Registration Registration	District No. 25 State File No. stration District No. 2072 Local Registrar's No. 2
3. Sex If plans 4. Twin, triplet, or other	Full term 48 mate? 48 birth (Month, Day, Ton) 18. Full MOTHER maiden name Vera White
(If non-resident, give place and State)	(If non-resident, give place and State)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work 17. Total time (years) sp	23. Trade, profession, or particular kind of work done, as housekeeper typist, nurse, clerk, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work 26. Total time (years) spent
27. What prophylactic was used to prevent Ophthalmia 28. Number of children of this mother (At time of this b (a) Born alive and r	low living(b) Born alive but now dead(c) Builborn
Be 29. If stillborn, period of gestation	DING PHYSICIAN OF MIDWIFE
	(Signed) U. J.



ICT 8 STATE OF ID	АНО
PLACE OF DEATH DEPARTMENT OF PUR BUREAU OF VITAL	
CERTIFICATE O	
City of Merican Talla Registration District No	
Primary Registration Distri	39
(No(If death occurred in a hospital or institution,	give its name instead of street and number
2. FULL NAME STILL	(Bahdule)
	G#
(a) Residence. No	(Af more and state) ds. How long in U. S., if of foreign brits? yrs. mos. ds.
Length of residence in city or town where death occurred. yrs. mos.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) 9-27 1984
Jimale white single	22. I HEREBY CERTIFY, That I attended deceased from
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	, 193, to
(or) WIFE of	I last saw halive on
6. DATE OF BIRTH (month, day, and year) 9-29-34	to have occurred on the date stated above, at 7.32 4m. The puncipal cause of death and related causes of importance
7. AGE Years Months Days If LESS than	were as follows: Date of onset
Atillians or min.	Carreno de Dila carretale
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc	- Committee of the comm
kind of work done, as spinner, sawyer, bookeeper, etc	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Other contributory causes of importance:
12. BIRTHPLACE (city or town) Jalls (State or country)	
13. NAME TUE Barkhull	Name of operation
13. NAME To E Barkbull 14. BIRTHPLACE (city or town)	What test confirmed diagnosis?
(State of country)	23. If death was due to exter leauses (violence) fill in also the following:
15. MAIDEN NAME Vera Julius 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
16. BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town county, and State)
(State or country) Utalia	Specify whether injury occurred in industry in home, or in public
17. INFORMENT (Address)	place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place andalls Date Sept 29, 1934	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address)	(Signed)
20. FILEDORT - 5 , 193 4 Comercial Registrar.	(Address) Ann Jalls Shaha

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business is which the work was done.

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EXAMPLE I	İ	EXAMPLE II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE 1	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF BREEK STATE OF IDAHO County of Shashows DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of KElleds CERTIFICATE OF BIRTH No...... St. .State File No. 225545 123 Registration District No. ... (If born in hospital or institution give name.) Prim. Registration District No. 1201 Local Registrar's No. 98 2. FULL NAME OF CHILD Still borne [f plural 8. Date of July 10 3. Sex births mate? 745 5. Number, in order of birth.... RECORD. Full term. 9. Full FATHER 18. Full MOTHER name maiden FLORA INGRAM HAROLD RAISTIN name 19. Residence (usual place of abode) (Ello ff | Juho PERMANENT (If non-resident, give place and State)____ 11. Color or race. 4.... | 12. Age at last birthday. 26. (years) 20. Color or race. 22. | 21. Age at last birthday 27 (years) 13. Birthplace (city or place) washing ton 22. Birthplace (city or place) /d=/10 (State or country) (State or country) each. 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper. typist, nurse, clerk, etc. Newse wife 24. Industry or business in which made work was done, as own home, lawyer's office, silk mill, etc. Ž 25. Date (month and year) last engaged in this work 26. Total time (years) spent must PRESENT 19 in this work in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead......(c) Stillborn... 5 months 30. Cause of stillbirth..... Before labor..... 29. If stillborn. period of gestation..... During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Still bears, at m. on the date above stated. INLY When there was no attending physician / or midwife, then the father, householder, etc. should make this return. Give name added from Address Kellogg Dely: WRITE One child a supplemental report..... Qc1.9 1984 mg. The 20 93 Registrar.

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N. B.—WRITE PLAINLY, WITH UNFADING INK..-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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OCT 11 STATE OF IDA	AHO
PLACE OF DEATH DEPARTMENT OF PUBL	IC WELFARE DO NOT WRITE IN THIS SPACE
County of Shoshow BURBAU OF VITAL	
City of Scelland CERTIFICATE O	F DEATH State File No.
$\eta \nu$	12 8
Primary Registration District	Local Regulars No.
(No.)
(If death occurred is a hospital or institution, single 2. FULL NAME	vedits name instead of street and number)
OLD HARD	
(a) Residence. No(Usual place of abode)	St,
Length of residence in city or town where death occurred. yrs.	(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. Color or Race 5. Single, Married, Wildow	MEDICAL CERTIFICATE OF DEATH
ed or Divorced (write the	21. DATE OF DEATH (month, day and year) 1934
Mr. white wordings	22. HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced HUSBAND of	July 10, 193 et to July 10, 193 2
(or) WIFE of 6. DATE OF BIRTH (month, day, and year)	I last sawhalive on 18: death is said
July 10, 1934	to have occurred on the date stated above, atm.
7. AGE Years Months l Days If LESS than	The principal cause of death and related causes of impor-
1 day, hrs.	tance were as follows:
8. Trade, profession, or particular	
kind of work done, as spinner, snwyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this	Still-Bom.
9. Industry or business in which	
work was done, as silk mill,	Thouses I weeks
10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this	
ed at this occupation spent in this occupation	Other contributory causes of importance:
12. BIRTHPLACE (city or town). Tellowy	
(State or country)	
18. NAME Furold Rule tro	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME The Suran	23. If death was due to exter'l causes (violence) fill in also the following:
16. BIRTHPLACE (city or town). ()	Accident, suicide, or homicide? Date of injury, 193.
16. BIRTHPLACE (city or town)	Where did injury occur?(Specify city or town, county, and state)
17. INFORMANT Gazold Saltin	Specify whether injury occurred in industry, in home, or in
18. BURIAL, CREMATION OR REMOVAL	public place
	Manner of injury
Place of Lely My John pate Pet 1934	Nature of injury
19. UNDERTAKER (Address)	of deceased? 1000 specify (
20. FILED Det 9. 1984 mo: Thelew B. 48rd	(Signed)
Registrar.	(Address) tella.e.a

STATEMENT OF OCCULIATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman hose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

DVAMBLE I

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

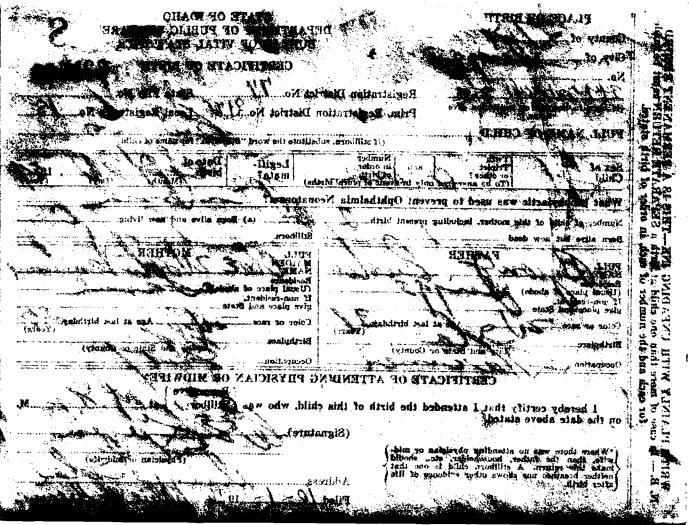
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
•			- Year
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN	
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item of	ll Silita Oi ib	
	PLACE OF DEATH	BLIC WELFARE DO NOT WRITE IN THIS SPACE
item of Id state OCCU	County of Telan BUREAU OF VITAL	STATISTICS 90692
	CERTIFICATE O	
Every S ahou ent of	land a state of the same	
	City of Registration District No	
Z	Primary Registration Distri	ct No. 2. 76 Local Registrar's No.
)RD. B. ICIANS statemen		
	(No(If death occurred in a hospital or institution,	give its warks instead of street and number
		give its name instead of street and number.)
S X S	2. FULL NAME	ascarre
RECORD. PHYSICIA Sxact state:	(a) Residence. No.	St
, . 	(Usual place of abode)	(If nonresident give city or town and state)
Z.	Length of residence in city or town where death occurred. yrs. mos.	ds. How long in U.S., if of foreign birth? yrs. mos. ds.
DING ERMANENT EXACTLY. classified.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	JUDA 918
DING ERMA EXACT classite.	or Diverced (write the word)	21. DATE OF DEATH (month day, and the state of 193
	While Stingle	22. I HEREDY CERPIEY, That I stiended deceased from
	5a. If maried, widowed, or divorced	, 1934, to
IS A SI	HUSBAND of (or) WIFE of	I last aw h alive on 123 death is said
	(63) WAR E 61	to save occurred on the date stated above, at
S to to to	6. DATE OF BIRTH (month, day, and year)	The principal cause of death and related causes of importance
	7. AGE Years Months Days If LESS than	were as follows: Date of onset
	1 day, hrs.	
EHI Blad	or min.	XIII VOU
/EI	8. Trade, profession, or particular	
P (2 8 8 1	kind of work done, as spinner, sawyer, bookeeper, etc. 9. Industry or business in which	
SER INE GE GE titr	9. Industry or business in which	
RE NG A tha	151	Other contributory causes of importance:
	10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this	
IN Inch	vear) occupation	****
RGIN RES [FADING] pplied. AC ms, so that instruction	12. BIRTHPLACE (city or town) Drags	
	(State or country)	
MAI UN y su tern	H CONTRACTOR	Name of operation
	13. NAME By ron John Curlis 14. BIRTHPLACE (city or torn)	1
VITH refull plain aut.	14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
	(State or country)	23. If death was due to exter leauses (violence) all in also the following:
r S H P	15. MAIDEN NAME Clase Woodster kulm	Accident, suicide, or homicide? Date of injury 193
A Per July In the per July In		Where did injury occur?
불교병대	[5] 16. BIRTHPLACE (city or town)	(Specify city or town, county, and State)
PLAINLY should be g DEATH g very imp	(State or country)	Specify whether injury occurred in industry in home, or in public
3 4 2 £	17. INFORMENT (Massie T. Sheets	place.
	(Address) Driggs Jolaho.	⁻ -
	18. BURIAL, CREMATION, OR REMUVAL Q 4 9	Manner of injury
	Place 1 1934	Nature of injury
WRITE informatio GAUSE O PATION		24. Was disease or injury in any way related to occupation of deceased?
	19. UNDERTAKER (Address)	If so, specify
A C.E.	(Addition)	G/ MAN
m	20 FILED 9 - 2 to 1934 (lie M. Malens	(Signed) M. D.
, ·	Registrar.	(Address)
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EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related Date of onset The PRINCIPAL CAUSE OF DEATH and related Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 year ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

546-101-001 99 PLACE OF BIRTH STATE OF IDAHO N. B.—In case of more that each, in order of birth stated County of O.S.a. = DEPARTMENT OF PUBLIC WELFARE BURDAU OF VITAL STATISTICS City of Roman CERTIFICATE OF BIRTH No. 1412 7. 274 St. L Registration District No.State File No. 1004 Local Registrar (H born in hospital or institu-Prim. Registration District No. tion give name.) bmo. 2. FULL NAME OF CHILD 7. Legiti-8. Date of But. (f plural 3. Sex births birth. 5. Number, in order of birth..... Full term..... mate? RECORD. (Month, Day, 9. Full FATHER MOTHER 18. Full maiden name name 1412 20 19. Residence (usual place of abode) 10. Residence (usual place of abode) PERMANENT each, and the (If non-resident, give place and State) (If non-resident, give place and State) 11. Color or race Min. | 12. Age at last birthday 2.3. (years) 20. Color or race. 212... | 21. Age at last birthday 2.5. (years 13. Birthplace (city or place) (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, kind of work done, as spinner, sawyer, bookkeeper, etc OCCUPATION 24. Industry or business in which 15. Industry or business in which made Date (month and year) last engaged in this work work was done, as silk mill, work was done, as own home. lawyer's office, silk mill, etc. 25. Date (month and year) 26. Total time (years) spent å 16. Date (month and year) must 19 in this work in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Qq. N.C. 3176 WITH UNFADING Separa 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead 1.....(c) Stillborn O..... months Before labor..... or weeks 30. Cause of stillbirth. 29. If stillborn, During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MEDWIFE I hereby certify that I attended the birth of this child, who was the state. TE PLAINLY child at birth When there was no attending physician / or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report....(Date of) Registrar. Begistra A CONTRACT

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STATE OF IDAHO PLACE OF DEATH DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE statement County of Ada BUREAU OF VITAL STATISTICS CERTIFICATE Boise State File No..... PHYSICIAN Registration District No..... Primary Registration District No. Local Registrar's No RECORD. (No. St. Lukes Fospital) (If death occurred in a hospital or institution, give its name instead of street and number) Baby Fallstrom 2. FULL NAME (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) ed or Divorced (write the word) HEREBY CERTIFY. That I attended decasted from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) October 1st. 1934 to have occurred or The principal cause of death and related causes of impor 7. AGE Years Months Days If LESS than tance were as follows: 1 day,... hrs. or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc 10. Date deceased last work- 11. Total time (years) ed at this occupation spent in this (mo. and yr.) occupation ... 12. BIRTHPLACE (city or town).. Boise... Idaho... (State or country) Arvid L. Fallstrom 13. NAME Name of operation...... Date of...... 14. BIRTHPLACE (city or town). Yeiser. Idaho What test confirmed diagnosis?.... Was there an autopsy?... (State or country) DE 23. If death was due to exter'l causes (violence) fill in also Josephine I. Richey 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. OF. 16. BIRTHPLACE (city or town) Where did injury occur?..... (State or country) (Specify city or town, county, and state) T. Fallstrom Specify whether injury occurred in industry, in home, or in 17. INFORMANT CAUS (Address) public place. Manner of injury.... Nature of injury.... or injury in any way related to occupation 24. Was disease 19. UNDERTAKER of deceased? (Signed) Registrar.

7-48 A

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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importance were as follows: epilepsy by street car 1	Oute of onset 1 week ago 1 week ago 3 days ago
by street car 1	1 week ago
	
	3 days ago
ONTRIBUTORY CAUSES of importance:	1 year
EMENTS BY PHYSICIAN	
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PLACE OF DEATH	DEPARTMENT OF PUBL BUREAU OF VITAL	LIC WELFARE	DO NOT WRITE IN	THIS SPACE
City of Boise.	CERTIFICATE C		State File No) 1 2 N
City or DVASVe	Registration District No	1		
•	Primary Registration Distric		Local Registrar's No.	237
	(No. St Lukes Ho	soital.		f
	in a hospital or institution, gi	ve its name instead	of street and number)	00.
2. FULL NAME Claire	Purton.		************	Υ
(a) Residence. No	1304. N. 16 th St	reet.	.st	
(Usual place of abode) Length of residence in city or town	n where death occurred. yrs.	(If nonre mos. ds. How long	sident give city or town in U.S., if of foreign birth	and state) ? yrs. mos. ds.
PERSONAL AND STATIS	TICAL PARTICULARS	MEDIC	AL CERTIFICATE OF D	EATH
3. SEX 4. Color or Rac	5. Single, Married, Widow- ed or Divorced (write the	21 DATE OF DE	ATH (month, day and ye	ar) 8-29 1934
Male. White.	wor Single.			
5a. If married, widowed, or div HUSBAND of	orced	1	ERTIFY, That I attende	
(or) WIFE of		f	., 193, to	•
6. DATE OF BIRTH (month, day August / 29. 1		{{ ·	on the date stated above	
7. AGE Years Months		B	se of death and related	
1	1 day, hrs		follows:	Date of onset
8. Trade, profession, or parti	or min	· · · · · · · · · · · · · · · · · · ·	J	
kind of work done, as	ninner Massa	بالماليات		
kind of work done, as as sawyer, bookkeeper, etc 9. Industry or business in w work was done, as silk m saw mill, bank, etc 10. Date deceased last work ed at this occupation		F		
work was done, as silk m	1fII,			•••
5 10. Date deceased last work.	- 11. Total time (years)			• • • • • • • • • • • • • • • • • • • •
ed at this occupation (mo. and yr.)		Other contribut	ory causes of importance	:
12. BIRTHPLACE (city or tow	Boise, Idaho.	- J. J	10 A/ A 4 A	•••
(State or country)		1 socas	a core	
13. NAME Thomas.	A. Purton.			
14. BIRTHPLACE (city or t		Name of operatio	n	. Date of
tistate of country)	Kansas .	What test confirm	ned diagnosis? Was th	ere an autopsy?
II 🗯	ra Vance.	the following:	due to exter'l causes (vic or homicide? Date	
16. BIRTHPLACE (city or (State or country)	town) Boise, Idaho.	Where did injur	y occur?pecify city or town, coun	
17. INFORMANT Thomas.		Specify whether	injury occurred in indust	
	. 16 th Boise, Id	lah Quiblic place		
18. BURIAL, CREMATION OR		Manner of injur	у	• • • • • • • • • • • • • • • • • • • •
MorriscHill Cemete			or injury in any way rela	
19. UNDERTAKER SUMMER	s. & Kreds.	of deceased?		
(Address) Boise	19900 K AND	(Signed)	11 CH, 27 V	esch M. D.
20. FILED 193	Registrar.	(Address)/Jaca	

STATEMENT OF OCCUPATION .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 aird of home home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write mone.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
			-!
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

STATE OF IDAHO PLACE OF BIRT DEPARTMENT OF PUBLIC WILLIAM —In case of more the in order of hirth state County of BURBAU OF VITAL STATISTICS City of. CERTIFICATE OF BIRTH Registration District No. Stata File No. (If born in hospital or institu-Print Registration District No. 100 Local Registrar's No. 453 tion give name.) 2. FULL NAME OF CHILD N. B. . 8. Date of If plural Sex / birth. births 5. Number, in order of birth. Full term 220 mate!... RECORD. 18. Full MOTHER 9. Full FATHER maiden name neme 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) PERMANENT each, and the (If non-resident, give place and State) 20. Color or race 12.... | 21. Age at last birthday 23... (year 22. Birthplace (city or place)..... 13. Birthplace (city or place).....1.5 (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper. kind of work done, as spinner, LION typist parso eleck, etc sawyer, bookkeeper, etc 24. Industry or business in which 15. Industry or business in which be made work was done, as silk mill, work was done, as own home. lawver's office, silk mill, etc. sawmill, bank, etc..... Date (month and year) last engaged in this work
 Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent must in this work,..... 19...... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING SEPARATE 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living...(b) Born alive but now dead.....(c) Stillborn Before labor. or weeks 30. Cause of stillbirth Creus 29. If stillborn. period of gestation. [2 mis During labor. CERTIFICATE OF ATTENDING PHYSICIAN OR ME I hereby certify that I attended the birth of this child, who was sti ... m. on the date above stated Born Alivaer Still When there was no attending physician ! (Signed) or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report Address (Date of) Registrar.

A Property of the Control of The state of the s the number of more of birthey because of many of Committee of the state of the s The state of the s The transport of the state of t a demonstration as a second contract of the business that so allower the second station of the state of Control of the second of the s The south was to the first the - - A PARTY WHERE SHE WAS A PROPERTY OF THE PARTY OF THE The state of the s the season of the season of the season of Bell (W. L.) | Herman | Market (V. S. W.) Breit The state of the s The work of the second PROPERTY AND THE WAY TO STATE OF THE PROPERTY OF THE PROPERTY. the state of the little and to have the property of the state of the A METER TO THE STATE OF THE PARTY OF THE PAR white the same of the same of the same of Marita Di dan den de mario and poblement ad the

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EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
		1	- !
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	
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FOOD AND DRUG
BACTERIOLOGICAL LABORATORY
CHEMICAL LABORATORY
SANITARY ENGINEER
BUREAU OF CHILD HYGIENE
VITAL STATISTICS

M.5 1935 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BOISE, IDAHO

เกราเบบท้องร

C. BEN ROSS, GOVERN

LEWIS WILLIAMS, COMMISSIONER

July 1, 1935.

Dr. E.A. Coats, Boise, Idaho.

Dear Doctor Coats:

On the birth certificate of the stillborn baby of Mr. and Mrs. Fred W. Gamble, born in Boise, Sept. 29,1934. you have it registered as a "Male" and the mother says it should be female. Kindly write on the bottom of this letter the correct sex of this child.

Thanking you, we are,

very truly yours,

BUREAU OF WITAL STATISTICS

PEARL DILLINGHAM STATE REGISTRAR

PBA

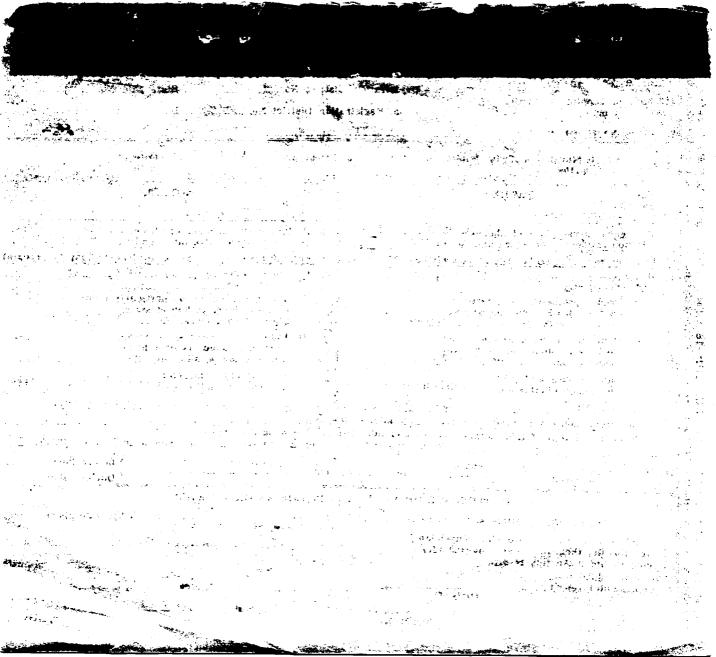
We are very sorry we made an error, the baby of Mr. and Mrs. Fred W. Gamble was a female.

a.J. coats, M.D.

AJC/EF

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Pecatello General Hospital State File No. Registration District No. (If born in hospital or institu-Prim. Registration District No. 216/ Local Registrar's No. tion give name.) 21.580 Stillhorn 2. FULL NAME OF CHILD N. B. 7. Legiti-4. Twin, riple, or other...... 6. Premature... If plural 8. Date of 3. Sex births birth...Oct. Mala MANAGE TOS 5. Number, in order of birth.... Full term. RECORD. MOTHER 9. Full FATHER 18. Full maiden name Violet Christensen Ardell Ockerman name 19. Residence (usual place of shode) Moreland, Idaho 10. Residence (usual place of abode Moreland. Idaho (If non-resident, give place and State) BOX # .. b2. (If non-resident, give place and State) BOX # 62 PERMANENT each, and the 20. Color or race Whi. to 21. Age at last birthday 26... (years) 11. Color or race. Whi to 12. Age at last birthday 29. (years) 13. Birthplace (city or place) Mor eland. Idaho 22. Birthplace (city or place).52 lmon. Idaho. (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper typist, nurse, clerk, etc. Housewife kind of work done, as spinner, sawyer, bookkeeper, etc Laborer 24. Industry or business in which 15. Industry or business in which made work was done, as silk mill. work was done, as own home, sawmill, bank, etc. Potato House lawyer's office, silk mill, stc. Own Home 16. Date (month and year) last engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work 26. Total time (years) spent g D must Stillworking 19 in this works wrs 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNIFADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. 1...(b) Born alive but now dead. 0....(c) Stillborn. 1.... Before labor..... months WITH UNE or weeks 30. Cause of stillbirth..... 29. If stillborn, During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was..... .. m. on the date above stated. When there was no attending physician / or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... Address chi Registrar. Marin water



occu-STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO_NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS County of... CERTIFICATE OF DEATH Registration District No. PHYSICIANS Local Registrar's No. Primary Registration District No..... RECORD. 06 (No. a hospital or institution, give its name instead of street and number (If death occurred in 2. FULL NAME.... Residence. No..... (Usual place of abode) (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? Length of residence in city or town where death occurred. mos. yrs. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married. Widowed. 3.SEX 4. COLOR OR RACE 21. DATE OF DEATH (month day, and year or Divorced, (write the word) HEREBY CER'IIFY, That I attended deceased from...... 5a. If maried, widowed, or divorced HUSBAND of 193..... death is said (or) WIFE of to have occurred on the date stated above, at 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of importance were as follows: If LESS than Date of onset Years Months Days 1 day, hrs. or ... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc..... OCCUPATION 9. Industry or business in which work was done, as silk mill, saw mill, bank etc Other contributory causes of importance: 11. Total time (years)
spent in this 10. Date deceased last worked at this occupation (month and occupation..... vear) 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME What test confirmed diagnosis? Was there an autopsy? 14. BIRTHPLACE (city or town) (State or country) 23. If death was due to exter icauses (violence) fill in also the following: 15. MAIDEN NAME Where did injury occur?.. DEAT 16. BIRTHPLACE (city or town) (Specify city or town county, and State) (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	Ţ	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	.1

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1 DIACE-OF BIRTH	STATE OF IDAHO
County of Bear Lake	DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS
City of St Charles	
No St.	CERTIFICATE OF BIRTH 225823
195-116 004'386 Registration	District No
(Te hamm in hagmital an imptitus	stration District No Local Registrar's No
tion give name.)	District District 1101
2. FULL NAME OF CHILD	
3. Sex. If plural 4.Twin triplet, or other	6. Premature 7. Legiti-/ 8. Date of 7
Male births 5. Number, in order of birth	Full term mate? He birth 198., 198., (Month, Day, Year)
9. Full FATHER	18. Full MOTHER
name alvorus arulfl	name Orleans a Lorgrock
	1 to P : 1 w (word along of choice)
(If non-resident, give place and State)	(If non-resident, give place and State)
11. Color or race. W. 12. Age at last birthday (ye	ars) 20. Color or race
13. Birthplace (city or place)	22. Birthplace (city or place)
14. Trade, profession, or particular	23. Trade, profession, or particular kind
bind of work done as spinner //	of work done as housekeener tynist
sawyer, bookkeeper, etc	24. Industry or business in which work was done, as own home.
work was done, as silk mill, saw-	nurse, clerk, etc
B mill, bank, etc	25. Date (month and year)
last engaged in this work 17. Total time (years)	last engaged in this work 26. Total time (years)
	, 19 spent in this work
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive an	d now living(b) Born alive but now dead(c) Stillborn
What prophylactic was used to prevent Ophthalmia	Neonatorum?
28. If stillborn, months	P A A Before labor
period of gestation / or weeks 29. Cause of	1 Stimbil of
CERTIFICATE OF ATTE	NDING PHYSICIAN OF MIDWIFE
I hereby certify that I attended the birth of this child	, who (Signed)
Stellbon a3, 5 m on the date above st	or Midwife
(born Alive or Stillborn)	Address 220 2 address
When there was no attending physician or midwife, t	hen] Filed 11-8 , 1934 Hannah J. Registrar.
the father, householder, etc., should make this retu	crn.] Registrar.

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PLACE OF THE PLACE In case of more than in order of birth stated. STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BURBAU OF VITAL STATISTICS City of Harley CERTIFICATE OF BIRTH Registration District No.State File No. (If born in hospital or institu-2022/Local Registrar's No.... tion give name.) Prim. Registration District No. 2. FULL NAME OF CHILD N. B.-7. Legiti-4. Twin, triplet, or other..... [f plural 8. Date of births birth. materile 5. Number, in order of birth.... RECORD. Full term..... (Month. 9. Full FATHER 18. Full MOTHER name maiden name 19. Residence (usual place of abode) 10. Residence (usual place of abode) PERMANENT (If non-resident, give place and State)... (If non-resident, give place and State) 11. Color or race / 12. Age at last birthday (Vegy 20. Color or race 2/ | 21. Age at last birthday. 22. Birthplace (city or place) Haulese 13. Birthplace (city or place). sheudon (State or country) (State or country) each, 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done as spinner. of work done, as housekeener/ be made for e typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home. sawmill, bank, etc. lawyer's office, silk mill, etc. 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent must in this work /4 in this work....., 19...... WITH UNIFADING a Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living....(Q(b) Born alive but now dead.....(c) Stillborn..../... Before labor Med months 29. If stillborn. or weeks 30. Cause of stillbirth... period of gestation & no During labor CERTIFICATE OF ATTENDING PHYSICEAN. I hereby certify that I attended the birth of this child, who was m. on the date above stated. When there was no attending physician ! or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... 3 (Date of) Registrar.

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KECEVED OF 19 BANK STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BURRAU OF VITAL STATISTICS DEATH State File No..... Registration District No.... Primary Registration District No. 2022 Local Registrar's No. RECORD (No. (If death occurred h a hospital or institution, give its name instead of street and number) Salu 2. FULL NAME..... (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widow-21. DATE OF DEATH (month, day and year) ed or Divorced (write the (hrow 22 I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of to 198.... 198.... (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, atm. - dl The principal cause of death and related causes of impor-7. AGE Years Months Days If LESS than Date of onset 1 day hrs. or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc,..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) occupațion ... 12. BIRTHPLACE (city or town (State or country) 13. NAME 14. BIRTHPLACE (city or town What test confirmed diagnosis?.... Was there an autopsy?... (State or country) DE 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. shoul 16. BIRTHPLACE (city or town) 0 Where did injury occur?.... ATION (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) public place. WRITE 18. BURIAL, CREMATION OR Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased?. (Address) (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

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- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees." "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE		EXAMPLE II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH STATE OF SDARO In case of more than in order of birth stated DEPARTMENT OF PUBLIC WELFARE County of Bonnet BUREAU OF VITAL STATISTICS City of Dand ool n CERTIFICATE No leccerson & Filast State File No. ... Registration District No. (If born in hospital or institu-55 Local Registrar No. Prim. Registration District No. 2. tion give name.) 2. FULL NAME OF CHILD N. B.-4. Twin, triplet, or other.......... 6. Premature 7. Legiti-8. Date of If plural 3. Sex birth. births mate? UCO 5. Number, in order of birth..... Full term..... õ RECORD. MOTHER 18. Full 9. Full FATHER number maiden name name 10. Residence (usual place of abode) Wefferson + Ella Hill 19. Residence (usual place of abode) (If non-resident, give place and State) Sand hain! the the (If non-resident, give place and State). Sand boint da 12. Age at last birthday 35... (years) 20. Color or race N. 21. Age at last birthday 3.4 (years) PERMANI each, and 13. Birthplace (city or place) Warinette 22. Birthplace (city or place) Sand logint (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, Hause Wi kind of work done, as spinner, abover 4 24. Industry or business in which 15. Industry or business in which work was done, as own home, made work was done, as silk mill, THIS sawmill, bank, etc. road world lawyer's office, silk mill, etc. 25. Date (month and year) ast engaged in this work 26. Total time (years) spent <u>۾</u> 16. Date (month and year) last engaged in this work 17. Total time (years) spent H must in this work 15 in this work 15 WOTKINGTOW19 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 72072. UNFADING 28. Number of children of this mother (At time of this birth and including this child) . (a) Born alive and now living. J....(b) Born alive but now dead. I....(c) Stillborn....I.... months so. Cause of stillbirth Flit + ore Two Paf mather Before labor. Separate 29. If stillborn. period of gestation. During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWINE at L. Am. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician ! Carron M. D. or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... 폏 (Date of) Registrar.

AL all act Last traces agents for Colored to the Carrier of the Carrie taken I with a court or other with transmire them on in order of birth. 12361 1 (C) Activities and a property of the second seco to the idea (cause place of minite) the tou-resident river purch and district and The political of the state week states at the first of the ALTERNATION NOT THE PARTY OF Constitution in the second of the second Histophia felly or place the confidence Tomber and the second of the s elibie accomman to redesertion beet ? total true to self-edies Property in state there The state of the s atthew or transfering to welchite Washing the Lighter Law of the Trans. illia Min and drate was the Lawyer & militar with the last The state of the s re l'expert depui and and their non discert often in There is the same with the same and the same A struct of the of the second the perfection of many present opening a secondarium The state of the contract of the contract of the state of my part the and new true of the there allow but non touch A (c) skilling THE PARTY STANDED The same of white a second second The dolarding still the long. STREET, MY AND STREET, SALVEST AND STREET, SAL spire of the least of spire of the spire of the color with a spire the little and the special will be seen The second of th of a Marine Over the Julien, presented in ATTOMORY SHALL SHALL SHALL many lightly significant THE PARTY OF THE P

STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS 90866 State File No... Registration District No. Primary Registration District No. 2155 Local Registrar's No RECORD (If death opening in a hospital or institution, give its name instead of street and number) 2. FULL NAME (a) Residence. No. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. Color or Race 5. Single Married, Widow. ed or Dvorced write the 21. DATE OF DEATH (month, day and year) // ~/ wordl 22.7 HERBBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BARTH (month, day, to have occurred on the date stated above, atm. 7. AGE Month The principal cause of death and related causes of impor-If LESS than tance were as follows: Date of onset 1 day... hrs. or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work- 11. Total time (years) ed at this occupation spant in this Other contributory causes of importance: (mo. and yr.) upation . 12. BIRTHPLACE (city or town) (State or country) 13. NAME Name of operation...... Date of....... 14. BIRTHPLACE (city or town) What test confirmed diagnosis?.... Was there an autopsy?... (State or country) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury... 193. Ŀ 16. BIRTHPLACE (city or town). ō Where did injury occur?..... (State or count (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) public place, state CA OCCUPA 18. BURIAL Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER (Address)c of deceased?.... (Signed) (Address) Registrar.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to redrement. Children not gainfully employed may be rearried as at school or at home. For a woman whose only occupation was that of home housework, write nousewife in answer to Question 3 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hetel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

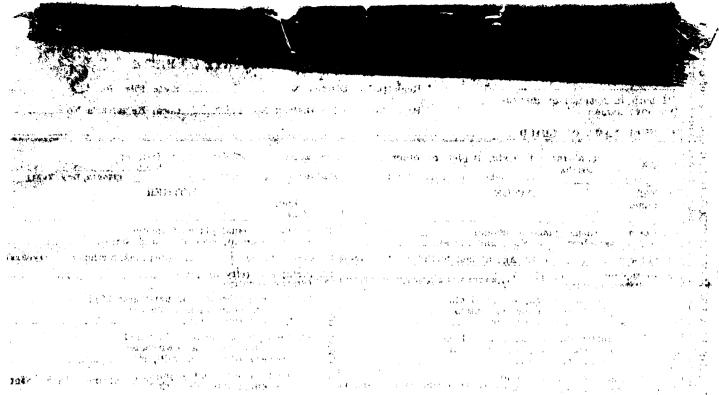
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as greecry store, soap factory, etten mill, etc.

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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

A TELAN DE BORTE	
	CASSION OF BIRTH 225985
Registrati	on District No. 23 State File No.
tion give name.) Prim. Rej	ristration District No. 9/1/1/ Local Registrar's No. 1/1
2. FULL NAME OF CHILD	
3. Sex If plural 4. Twin, triplet, or other	hirth 10 - 16 1924L
9. Full FATHER name Walls Carloon	18. Full MOTHER maiden name Ruth Celerhera
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race While 12. Age at last birthday. 30. (ye	
13. Birthplace (city or place) (State or country)	22. Birthplace (city or place). Zirth Lake
14. Trade, profession, or particular kind of work done, as spinner, 7 sawyer, bookkeeper, etc	23. Trade, profession, or particular kind of work done, as housekeeper typist, nurse, clerk, etc.
at work was done as silk mill -	work was done, as own home, lawyer's office, silk mill, etc.
	opent O 25. Date (month and year) 26. Total time (years) spent
27 What prophylactic was used to prevent Ophthaladi	a Neonatorum?
28 Number of children of this mother (At time of this	birth and including this child) now living(b) Born alive but now dead(c) Stillborn
	stillbirth
CERTIFICATE OF ATTER	VDING PHYSICIAN OR MIDWIFE 50
I hereby certify that I attended the birth of this cl	hild, who was a little with the date above stated.
When there was no attending physician or midwife, then the father, householder, etc., should make this return.	(Signed) , M. D.
Give name added from	Address that the State
(Date of)	Filed my 2 198 4 Quytumand
Registrar.	Piled Registrar.
	2. FULL NAME OF CHILD 3. Sex of plural births birt



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M. W. James

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RECORD be made for STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS 225990 CERTIFICATE OF BIRTH PERMANENT | REFURN must b th stated. 29 State File No..... Registration District No..... (If born in hospital or institution give name.) Prim. Registration District No. 2/15 Local Registrar's No. FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number S A P TE RI birth Date of Sex of Legiti-Triplet in order birth Child or other? of birth mate? Y/O (To be answered only in event of plural births) (Month) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth (a) Born alive and now living Born alive but now dead. Stillborn MOTHER FULL birth each, MAIDEN NAME Residence (Usual place of abode) Somue Residence (Usual place of abode) ... If nonresident, give place and State If nonresident, give place and State Age at last Birthday Color or race Age at last Birthday Birthplace . Birthplace_ (City and State or Country) (City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE® I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. 6 (Signature) *Where there was no attending physician WRITE B.-.I. (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth.

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RF	CEIVED ICT' 2 6 TO	
y item of S should ement of	PLACE OF DEATH DEPARTMENT OF PUBLICATION OF VITAL SCIENCE OF CERTIFICATE OF IDA	IC WELFARE DO NOT WRITE IN THIS SPACE
RECORD. Ever PHYSICIAN ied. Exact state	Primary Registration District No	No. 213 G Local Registrar's No.
NENT RACTLY. classifie	(a) Residence. No (Usual place of abode) Length of residence in city or town where death occurred, yrs.	
PERMAI ted EXA properly of certific	3 SEX 4. Color or Rage 5. Single, Married, Widowed or Divorced (write the word) by it married, widowed, or divorced	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (month, day and year) 22. I HEREBY CERTIFY, That I attended deceased from
OR BINS IS A FIND IN PROPERTY OF THE PROPERTY	(or) WIFE of 6. DATE OF BIRTH (month, day, and year)	I last saw halive on, 193 death is said to have occurred on the date stated above, atm.
VED FG KTHIS E should hat it m ction on	7. AGE Years Months Days If LESS than 1 day hrs. or min.	The principal cause of death and related causes of importance were as follows: Date of onset
RESER'DING INI ied. AGI	Rind of work done, as spinner, snwyer, bookkeeper, etc. 9. Industry or business in which work was done as silk mill, saw mill, bank, etc. 10. Date deceased last work. 11. Total time (years)	(Hongorhyge into Election from ulesus)
MARGIN I UNFADI Ily supplied n plain tern ortant. Se	ed at this occupation spent in this occupation 12. BIRTHPLACE (city or town) (State or country)	Other contributory causes of importance:
f, WITF se carefu EATH ii ery imp	14. BIRTHPLACE (city or town)	Name of operation
LAINLY, should be ? OF DE ON is ve	16. BIRTHPLACE (city or town)	23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193. Where did injury occur?
WRITE Plorention of the CAUSE	17. INFORMANT (Address) 18. BURIAL, CREMATION OF REMOVAL PAGE (Address)	Specify whether injury occurred in industry, in home, or in public place. Manner of injury
B.—WRI informs state C OCCUI	19. UNDERTAKER (Address) 20. FILED 7/3 (1984)	Nature of injury
z	20. FILED. /., 193	(Address) Barrens Firmy, Jak.

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who has no occupation whatever write none.

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9.—The industry of business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

	318 201 1014 315	
9 1	1. PLACE OF BIRTH	STATE OF IDAHO
43	County of Change The FIVED NOV 9	DEPARTMENT OF PUBLIC WELFARE
g -g	County of Consess WED	BUREAU OF VITAL STATISTICS 226083
ta ii	City of August 19	CERTIFICATE OF BIRTH
o q	No manufacture St	
8 5	Registration Dis	strict No
90	(If born in hespital or institution	on District No. 2006 Local Registrer's No. 982
اور	give name.)	OII DISTRICT 140.
m g	A PULL WALLS OF GUILD	
Z g	2. FULL NAME OF CHILD.	
ORD data	3. Sex L li plures 4. Twin, triplet, or other6. Pro	emature_17. Legitl 8. Date, of
	7.	birth 193
집이	9. Full FATHER	mate7 (MONTH, DAY, YEAR) 18. Full MOTHER
- XII	name A	maiden
ENT	Donald lagner	name dais Jone Van dan gunghom
	10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
PERMANENT ch, and the numb		
RM	11. Color or race_Lal_ 12. Age at last birthday_24 (years)	20. Color or race21. Age at last birthday La (years)
단석	13. Birthplace (city or place)(State or country)	22. Birthplace (city or place)
4		(State or country) 23. Trade, profession, or particular kind
Sig	14. Trade, profession, or particular kind of work done, as spinner,	of work done, as housekeeper,
2	sawyer, bookkeeper, etc. 15. Industry or business in which	typist, nurse, clerk, etc
E	F 15. Industry or business in which	24. Industry or business in which work was done, as own home.
์ รูโ	work was done, as ailk mill,	lawyer's office, silk mill, etc.
¥ 5	16. Date (month and year) last engaged in this work 17. Total time (years)	25. Date (month and year) last
H 1	engaged in this work 17. Total time (years)	O engaged in this work 26. Total time (years) spent in this work
ZZ	spent in this work 3	spent in this work
OF	27. Number of children of this mother	to the Branch of Shillborn X
FADING RETURN II	(At time of this birth and including this child) (a) born alive and not	w living(b) Born alive but now dead(c) Stiliborn.X.
N E	28. If stillborn, months or weeks 29. Cause of stillbirt	Before labor
~ ~ }	period of gestation/_222! or weeks 29. Cause of stillbirt	h During labor
HH	CERTIFICATE OF ATTENDING	G PHYSICHM OR MIDWIFE
WI	I hereby certify that I attended the birth of this child, who	
누ή	When there was no attending physician	BORN ALIVE OR STIME GEN
불	or midwife, then the father, householder, \ (5)	igned M. D.
a A	(etc., should make this return.	Midwife
본필	Give name added from a supplemental report	$\sim \sim $
田山	(DATE OF)	dress lampa la de
등행	Fi	ed 1100, 3, 1934 Lydevlyodgins
3	Registr a r.	(Register,
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STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE County of Cany & BUREAU OF VITAL STATISTICS State File No..... Registration District No..... Primary Registration District No. 2 0 05 RECORD (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME..... Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign bigth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) 9 ed or Divorced (write the word) 22 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of .. 193 %... to .. (or) WIFE of 6. DATE OF BIRTH month, day, and year) 193. :: death is said I last saw hat alive on to have occurred on the date stated above, atm.; 34 The principal cause of death and related causes of impor-7. AGE Years Months Days If LESS than tance were as follows: Date of onset 1 day, ... hrs. or . . . min. 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc...... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 18. NAME Name of operation...... Date of....... 14. BIRTHPLACE (city or What test confirmed diagnosis? Was there an autopsy?... (State or country) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following:
Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or town) Where did injury occur?..... (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) public place. 18. BURIAL, SREMATION Manner of injury..... Nature of injury.... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased?..... If so, space (Address)

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ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN	

4 1	1. PLACE OF BIRTH NOV 5 1934	STATE OF IDAHO
ą	T. Purice of Direction	DEPARTMENT OF PUBLIC WELFARE
2.4	County of Elmore	BUREAU OF VITAL STATISTICS 226160
no	City of Mountains Home	
of more		CERTIFICATE OF BIRTH
case o	No St.	strict No
8.5		· ·
무이	(If born in hospital or institution prim. Registration	on District No. 2020 Local Registrar's No. 22
r de		
7 0	2. PULL NAME OF CHILD Stell horn	
7.4		
전설	3. Sex If plural 4. Twin, triplet, or other6. Pre	mature 7. Legiti- 8. Date of
Ö s	births 5. Number, in order of birth Ful	ll term (Month, DAY, YEAR)
RECORD er of each	9. Full / FATHER	18. Full MOTHER
		maiden M C F H
	Wear Tunon	
Z	10. Residence (usual place of abode) Bruneau (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
d A	The state of the s	
3 8	11. Color or race 12. Age at last birthday 2.4 (years)	20. Color or race 21. Age at last birthday 21. (years)
PERMANENT ch, and the numb	13. Birthplace (city or place)	22. Birthplace (city or place) Hot Shring &
ea 🌣	(State or country) 14. Trade, profession, or particular	(State or country) 23. Trade, profession, or particular kind
ទីន	likind of work done as spinner	of work done, as housekeeper.
	sawyer, bookkeeper, etc.	typist, nurse, clerk, etc 24. Industry or business in which work was done, as own home, lawyer's office silk mill etc
THIS	F 15. Industry or business in which	24. Industry or business in which work was done, as own home,
او آ	a second back at	
关节	(I = J 1	25. Date (month and year) last
艺調	O 16. Date (month and year) last 17. Total time (years)	O engaged in this work 26. Total time (years)
\$ Z	spent in this work	O spent in this work
	27. Number of children of this mother	O 1 O (-) Sullham /
UNFADING ATE RETURN 1	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and nov	
	28. If stillborn, A months	Before labor
- A1	period of gestation er weeks 29. Cause of stillbirth	During labor
WITH a SEPA	CERTIFICATE OF ATTENDING	DHYSCIAN OF MOWIER
ĭ.S.	il •	
	I hereby certify that I attended the birth of this child, who w	(BON ALIVE OR STILL ORN). m. on the date above stated
F	(When there was no attending physician)	755
91	or midwife, then the father, householder, (Si	gned) Garaco, M. D.
걸림	Give name added from or	
्रव	a supplemental report	dress Mountain Home Vda
RITE one c	(BAIL OI)	
~ 전 5	Registrar.	Rocistene.
>	(Chough	stekmim.

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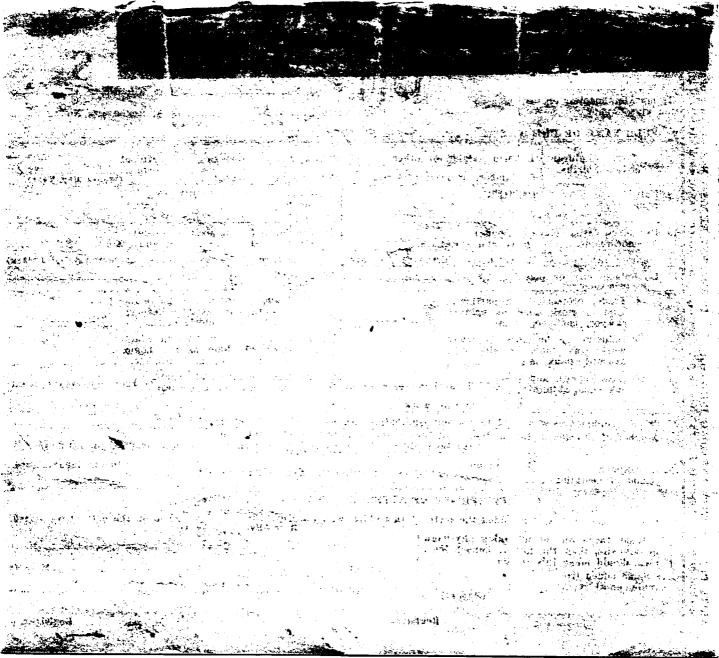
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	EXAMPLE II	
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May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	1915 1921 July 5, 1927 May 1, 1928	Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis Other CONTRIBUTORY CAUSES of importance:

PLACE OF BIRTH STATE OF IDAHO THENT OF PUBLIC WELFARI County while AU OF VETAL STATISTICS In case of more in order of birth City of..... CERTIFICATE OF BIRTH Registration District No. J. State File No. ... (If born in hospital or institupipe Registration District No.Local Registrar's No.234 tion give name.) 2. FULL NAME OF CHILD-N. B.-7. Legiti if plural 4. Twin, triplet, or other........... 8. Premature.... 8. Date of 3. Sextemal births birth.... 5. Number, in order of birth..... Full term number of metel (Month, Day, Year 9. Full FATHER 18. Full MOTHER name \ maiden. name / 19. Residence (usual place of abode)
(If non-resident, give place and see 10. Residence (usual place of abode) PERMANENT each, and the (If non-resident give place and State) 11. Color or race that 12. Age at last birthday 20. Color or racelling 21. Age at last birthda 13. Birthplace (city or place) 22. Birthplace (city or place)..... (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper. CUPATION INK-THIS IS A must be made for typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home. lawyer's office, silk mill, etc. sawmill, bank, etc..... last engaged in this work 17. Total time (years) spent Date (month and year) last engaged in this work
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PLACE OF DEATH. IC WELFARE DO NOT WRITE IN THIS SPACE County of GUADISMY BUREAU OF VITAL STATISTICS 90980 CERTIFICATE OF DEATH State File No..... City of..... Registration District No. 2 1 Primary Registration District No..... Local Registrar's No...... (if death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME. Residence. No..... (If nonresident give city or town and state) (Usual place of abode) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. Length of residence in city or town where death occurred. yrs. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widow-3. SEX Color, er Race 21. DATE OF DEATH (month, day and year), 0 -7 1934 ed or Divorced (write the word) 22 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced to 193.... 193.... HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, atm. 10-7-If LESS than The principal cause of death and related causes of impor-Davs 7. AGE Months 1 day, . Q. hrs. tance were as follows: Date of onset or ... 6. min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) occupation 12. BIRTHPLACE (city or town) (State or country) 13. NAME Name of operation..... Date of...... 14. BIRTHPLACE (city or town). What test confirmed diagnosis?.... Was there an autopsy?... (State or country) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME · the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or town) Where did injury occur?.... (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) public place. 18. BURIAL, CREMATION Manner of injury..... Nature of injury. 24. Was disease on injury in any way related to occupation 19 UNDERTAKER of deceased? (Address) (Signed)

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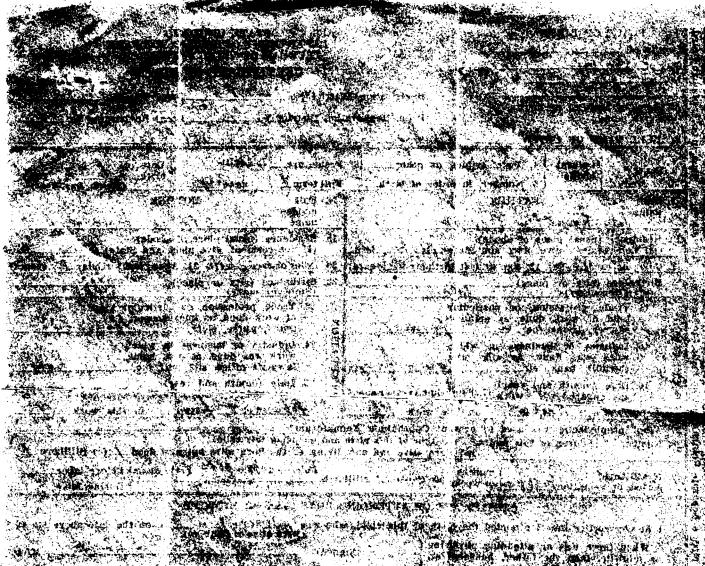
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R FURTH	ER STATEMENTS BY PHYSICIAN	!
	1921 uly 5, 1927	1921 uly 5, 1927 Peritonitis Other Contributory Causes of importance:

PLACE OF BIRTH STATE OF HIGH DEPARTMENT OF PURLIC WILFARI County of LCL erson BUREAU OF VITAL STATISTICS City of ... Re CERTIFICATE OF RIRTH No. Registration District No. (If born in hospital or institu-Prim. Registration District No. ... Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD ... A. B.-7. Legiti-[f plural 4. Twin, triplet, or other.......... 6. Premature. birtha 5. Number, in order of birth.... mete? RECORD. Full term. 9. Full FATHER 18. Full MOTHER name maiden Franklin Carson Elnora DAME 10. Residence (usual place of abode) 19. Residence (usual place of abode) PERMANENT (If non-resident, give place and State) A.P.k. (If non-resident, give place and State). ALQ ky 11. Color or racellate 12. Age at last birthday 93 (years) 20. Color or race Likere 21. Age at last birthday 22 (years) 22. Birthplace (city or place) Manyac. (State or country) each. 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, typist, nurse, clerk, etc. must be made for 15. Industry or business in which 24. Industry or business in which work was done, as own home. lawyer's office, silk mill, etc. a w/w 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) Present times resent time in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Reparate Return 28. Number of children of this mother (At time of this birth and including this child) Pre-edemptic toxemial Before labor..... period of gestation will keep or weeks 30. Cause of stillbirth at the contract of the contract months 29. If stillborn. During labor. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFT I hereby certify that I attended the birth of this child, who wis Millery m. on the date above stated. INLY birth When there was no attending physician ! (Signed) or midwife, then the father, householder, etc. should make this return. 벎 Give name added from Address Idah 1934 Falls. Id a supplemental report..... 됳 One Registrar.



Marie Total

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of

PLACE OF BEATH County of Jefferson City of Rigby	STATE OF IDA DEPARTMENT OF PUBL EUREAU OF VITAL A CERTIFICATE O	IC WELFARE	DO NOT WRITE IN T	90990
(If death occurred Baby (Registration District No	98 No. 2176 e its name instead of	Local Registrar's No	53
(a) Residence. No(Usual place of abode) Length of residence in city or town	where death occurred. yrs. 1	(If nonres		yrs. mos. ds
3. SEX 4. Color or Race	5. Single, Married, Widow.ed or Divorced (write the word)	21. DATE OF DEA	AL CERTIFICATE OF DEA	10/22 193
5a. If married, widowed, or diversely thus and of (or) WIFE of 6. DATE OF BIRTH (month, da OCTOBET) 7. AGE Years Months O O 8. Trade, profession, or partice kind of work done, as supposed work, was done, as supposed at this occupation (mo. and yr.) 10. Date deceased last worked at this occupation (mo. and yr.) 12. BIRTHPLACE (city or town (State or country) 14. BIRTHPLACE (city or town (State or country)	Days If LESS than 1 day hrs. or min. min. min. 11. Total time (years) spent in this occupation 11. Rigby, Idano. Clin Carson.	I last saw h.M. al to have occurred The principal cam tance were as for the principal cam tance were as for the principal came. Other contribute.	ory chuses of importance:	death is sai at 12:40m. Luses of important Date of sase
15. MAIDEN NAME IVY 16. BIRTHPLACE (city or to (State or country)) 17. INFORMANT Landy 18. BURIAL, CREMATION OR Place Rigby, Id 19. UNDERTAKER (Address) 20. FILED. D. 231834.	Elnora Larsen. wn, Monroe, Utah. lighto. REMOVAL	23. If death was death following: Accident, suicide, Where did injury (St Specify whether i public place Manner of injury.	or homicide? Date of occur?	nce) fill in alsof injury, 193 , and state) , in home, or

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as sninner, weaver, etc.

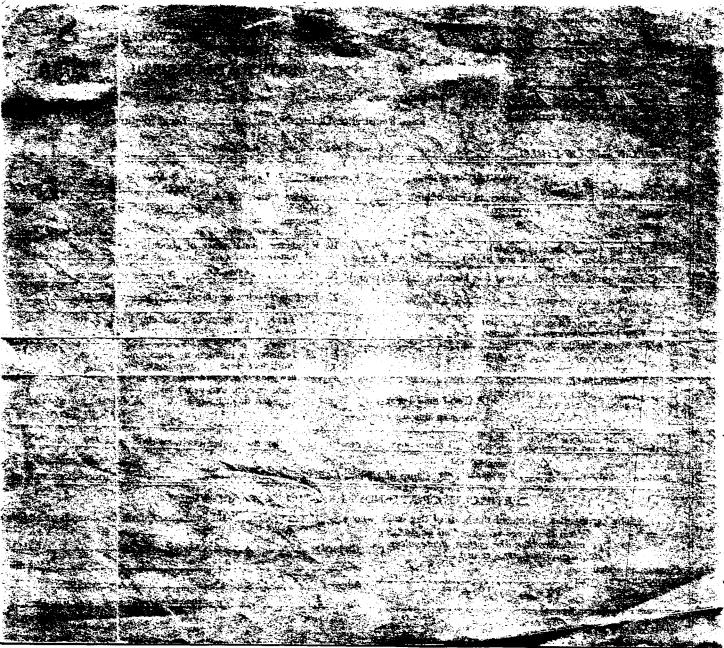
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Unte of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH State File No. Registration District No..... (If born in hospital or institution Prim. Registration District No. __/_Q_1__Local Registrar's No. give name.) FULL NAME OF CHILD. 4. Twin, triplet, or other_____ 8. Date of 6. Premature 7. Legiti-If pluras birth_ births Full term mate? Number, in order of birth__ (MONTH, DAY, YEAR) 18. Full MOTHER 9. Full **FATHER** L PERMANENT I maiden name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 20. Color or race white 21. Age at last birthday 11. Color or race 12. Age at last birthday 20 (years) 22. Birthplace (city or place)_ 13. Birthplace (city or place) ___ (State or country) (State or country) Ζğ 23. Trade, profession, or particular kind-14. Trade, profession, or particular of work done, as housekeeper, Mousel kind of work done, as spinner. typist, nurse, clerk, etc____ 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc._ sawmill, bank, etc. ____ 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last RETURN must engaged in this work 26. Total time (years) spent in this work. spent in this works 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living - (b) Born alive but now dead ____(c) Stillborn____ WITH UNF a Separate F Before labor months 28. If stillborn. 29. Cause of stillbut 2000 period of gestation. or weeks --- During labor CERTIFICATE OF ATTENDING PIPES at 2001m. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician) or midwife, then the father, householder, etc.. should make this return., Midwife Give name added from a supplemental report_____ (DATE OF) Registrar. Registrar.



		OF DE	
County	of La	tah	
a.,		BOOW	Rn

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

91015 State File No.....

Registration District No	61		
Primary Registration Distric	t No/o/) Local Registrar's No		
(No			
(a) Residence. No(Usual place of abode)			
ength of residence in city or town where death occurred. yrs.	(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 Color or Page 5 Single Manual 1977	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. Color or Race 5. Single, Married, Widowed or Divorced (write the word)	21. DATE OF DEATH (month, day and year) Cet. 1 1984		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22 HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, day, and year)	I last saw nalits on, 193: death is said to have occurred on the date stated above, atm.		
7. AGE Years Months Days If LESS than 1 day, hrs.	The principal cause of death and related causes of importance were as follows: Date of onset		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done as slik mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation cocupation.	Other contributory causes of importance:		
12. BIRTHPLACE (city or town) MCSCOW(Rural) (State or country) Ida.			
13. NAME Alton Wheeler 14. BIRTHPLACE (city or town)	No. of the second secon		
14. BIRTHPLACE (city or town)	Name of operation		
15. MAIDEN NAME Evelyn Garvine	23. If death was due to exter'l causes (violence) fill in also the following:		
16. BIRTHPLACE (city or town). Spokane	Accident, suicide, or homicide? Date of injury., 193. Where did injury occur?		
17. INFORMANT .W.J.Rich (Address) Vicla Idaho	Specify whether injury occurred in industry, in home, or in		
18. BURIAL, DEPLATOR OF REMOVA.	public place. Manner of injury.		
PlaceVicla, Idaho. Date 10/1 1934	Nature of injury		
19. UNDERTAKER A	24. Was disease or injury in any way related to occupation of deceased		
20. FILED. 19./1, 1984/Williams.	(Signed), M. D.		

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees." "worker," "operative," etc. Find out the particular kind of work done and return that as sninner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or Injuries. Examples:

EXAMPLE I		EXAMPLE II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	ment

5-114 034 79 NOV of more than of birth stated STATE OF IDAHO County of DEPARTMENT OF PUBLIC WELFAR 2850 BUREAU OF VITAL STATISTICS City of Thusbury No..... CERTIFICATE OF BIRTH Registration District No. ____________State File No. ______ (If born in hospital or institu-Prim. Registration District 18. 2015 Local Registrar's No. 144 tion give name.) 2. FULL NAME OF CHILD 4 7. B.if plural 3. Sex 8. Date of births birth RECORD. 5. Number, in order of birth..... Full term mate? 9. Full number FATHER 18. Full MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) PERMANENT the (If non-resident, give place and State). (If non-resident, give place and State)... 13. Birthplace (city or place) 22. Birthplace (city or place) (State or country) each. (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done as spinner, of work done, as housekeeper. Ş OCCUPATION sawyer, bookkeeper, etc OCCUPATION typist, nurse, clerk, etc. 15. Industry or business in which made 24. Industry or business in which work was done, as silk mill, work was done, as own home, lawyer's office, silk mill, etc. sawmill, bank, etc.... ይ 16. Date (month and year) 25. Date (month and year) last engaged in this work 26. Total time (years) spent last engaged in this work 17. Total time (years) spent must KK 10 - 3,4 19 in this work. in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNFADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living.../....(b) Born alive but now dead.......(c) Stillborn. WITH UNF months 29. If stillborn. Before labor. or weeks 30. Cause of stillbirth of and A period of gestation During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MOWER I hereby certify that I attended the birth of this child, who was attingam, on the date above stated. WRITE PLAINLY Ine child at birth When there was no attending physician ! (Signed) or midwife, then the father, householder, etc., should make this return. Give name added from Midwife Registrar. Registrar.

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S IS A PERMANENT RECORD ARATE RETURN must be made ler of birth stated.	County of City of City of City of St. No. St. No. St. (If born in hospital or institution give name.) FILL NAME OF CHILD	1000	
HIS IS	Number of child of this mother, including present birth		
THIS I SEPA	Boyn slive but now deed Stillborn Stillborn		
(G INK at hirth of each	FULL ROLL FATHER FULL ROLL FOUND Residence (Usual place of abode) Survalon, Jahno If non-resident, give place and State	FULL MATDEN MOTHER Paletth MAIDEN MOTHER Ona Paletth NAME Residence (Usual place of abode). Sumalon, January give place and State	
ITH UNFADIN than one child nd the number	Color or race Onlinean Age at last birthday as (Years) Birthplace Scharler Jacks	Color or race Manhara Age at last birthday 26 (Foars) Birthplace Manhaell - Marila Takora	
WITH re than	(City and State or County) Occupation	(Čity and State or County) Occupation	
	CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE*	
PLAINLY W case of more for each a	I hereby certify that I attended the birth of this on the date above stated. (Sign	child, who was Stillborn at 1.45 - Q. M.	
WRITE N. B. — In	(*Where there was no attending physician or mid- wife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Addre	Physician or midvife) Oss. Out 1934 S. M. Grander Registrar.	

STATE OF IDARO -In case of more then in order of birth stated DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS 226416 CERTIFICATE OF BIRTH Registration District No. State File No. (If born in hospital or institu-Prim. Registration District No.Local Registrar's No..... tion give name.) 2. FULL NAME OF CHILD 8. B. 7. Legiti-(f plura) 8. Date of births birth _____ 5. Number, in order of birth..... Full term.Z mate? number of 9. Full 18. Fulf MOTHER FATHER name maiden name 29. Residence (usual pisce of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 44 PERMANENT 20. Color or race 14. 21. Age at last birthday. 36 (year 11. Color or race Access 22. Age at last birthday 4.3 (years 22. Birthplace (city or place) 13. Birthplace (city or place) (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, Houseums, typist, nurse, clerk, etc. kind of work done, as spinner, 24. Industry or business in which made work was done, as own home. lawyer's office, silk mill, etc. 25. Date (month and year) 26. Total time (years) epent þ last engaged in this work must 10-15.34, 19 in this work. 10-19-34, 19 in this work. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNITADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. 2 (b) Born alive but now dead.... (c) Stillborn....... rabably stronge Adding to Jak months or weeks 30. Cause of stillbirth 29. If stillborn, period of gestation..... T During labor... m. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician / (Signed) or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... Address Filed. Registrar.

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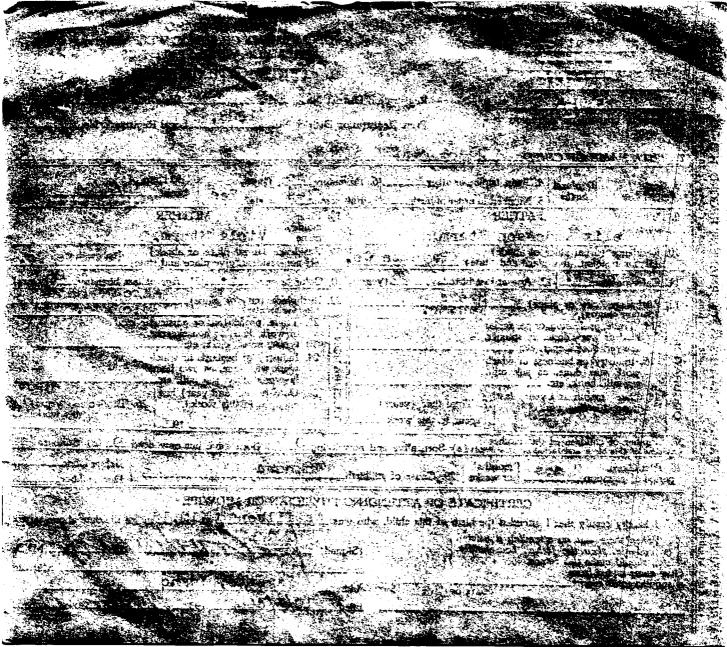
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district.	234 202-038 -234		
9 1	1. PLACE OF BIRTH NOV 5 1024	STATE OF IDAHO	
than	Domestic 1808 O Care	DEPARTMENT OF PUBLIC WELFAREO OCARD	
2.4	County of Payer Co	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE 226453 BUREAU OF VITAL STATISTICS	
of more stated.	City of	CERTIFICATE OF BIRTH	
b of	NoSt.	OBBITTORIE OF BESTER	
pirt.		strict No	
9.5	(If born in hospital or institution	1008.	
T 20	give name.)	on District NoLocal Registrar's No	
E S. B.	2 BULL NAME OF CHILD DONNA MAXINE ST	MITTOW	
Z g	2. FULL NAME OF CHILD DUNNA MAXINE ST	LUAM	
RECORD.	3. Sex _ If plural 4. Twin, triplet, or other6. Pre	emature NO7 Legiti. 8. Date of	
S S	3. Sex If plural 2. Twin, triplet, or other	emature No7. Legiti- Il term Yes mate? Yes S. Date of 10/2/34 193 (MONTH, DAY, YEAR)	
없이			
교회	9. Full FATHER	18. Full MOTHER	
PERMANENT RI	Felix Anderson Sturm	name Viola Sturm.	
百二	10. Residence (usual place of abode)	19. Residence (usual place of abode)	
E	10. Residence (usual place of abode) (If non-resident, give place and State) Payette Co.	19. Residence (usual place of abode) (If non-resident, give place and state) Payette Co.	
Σg	11. Color or race We 12. Age at last birthday 26 (years)	20. Color or race21. Age at last birthday26(years)	
판실	12 Photodory (also as also) Byers	22 Birthplace (city or place) ERTON	
A S	(State or country) Name 15 a 5	(State or country) Colorado.	
សិក	14. Trade, profession, or particular kind of work done, as spinner,	23. Trade, profession, or particular kind of work done, as housekeeper,	
C a	sawyer, bookkeeper, etc.	z typist, nurse, clerk, etc	
THIS made	Z sawyer, bookkeeper, etc	Z4. Industry or business in which	
	a soumill bank etc	typist, nurse, clerk, etc	
INK.	() 16 Date (month and year) last	25. Date (month and year) last	
nust Tust	16. Date (month and year) last engaged in this work 17. Total time (years)		
υz	spent in this work	O spent in this work	
82	27. Number of children of this mother	11 1	
E E	(At time of this birth and including this child) (a) Born alive and not	w living O. (b) Born alive but now dead O. (c) Stillborn 1.	
ZP	28. If stillborn, 9 mos months or weeks 29. Cause of stillbirth	Unknown Before labor	
78	period of gestation or weeks 29. Cause of stillbirti	During labor	
WITH UNFADING a Separate Return d	CERTIFICATE OF ATTENDING	G PHYSICIAN OR MIDWIFE	
S S			
논년			
두취	(When there was no attending physician) or midwife, then the father, householder. } (Si	igned) WWWWW, M. D.	
a Z	(etc., should make this return.	Midwife	
E PLAINLY child at birth,	Give name added from or a supplemental report	Dorratte Idoha	
	(DATE OF)		
WRITE one cl	Fil.		
¥,	Registrar.	Registras	
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PLACE OF DEATH	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE
County of PAYETTE.	BUREAU OF VITAL STATISTICS
City of	CERTIFICATE OF DEATI

DO NOT WRITE IN THIS SPACE

State File No.....91

DEATH Registration District No.

1008. Primary Registration District No ...

Local Registrar's No.

(No. (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME DONNA MAXINE STURM.

(a) Residence. No. PAYETTE COUNTY, II (Usual place of abode) Length of residence in city or town where death occurred. yrs.	(If nonresident give city or town and state)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CENTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widow. ed or Divorced (write the word) Stillborn	21. DATE OF DEATH (r onth, day and year) 10/2 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Oct. 2,1934	10/2/34, 193, to 10/2/34, 198 I last saw her alive on
7. AGE Years Months Days If LESS than 1 day, 2 hrs. or min.	tance were as follows: Date of onse
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Unknown. Child born dead.
kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last work. ed at this occupation spent in this occupation (mo. and yr.)	Other contributory causes of importance:
12. BIRTHPLACE (city or town). Payette County (State or country)	
13. NAME Felix Anderson Sturm	

Byers Kansas.

17. INFORMANT X County . Idaho tte

Viola Sturm.

18. BURIAL, CREMATION OR

(Felix Sturm 19. UNDERTAKER Payette (Address)

14. BIRTHPLACE (city or town) ..

(State or country)

16. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

(Address)

10/3/34 20. FILED

Name of operation..... Date What test confirmed diagnosis?.... Was there an autopsy?. No 23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury.., 193. Where did injury occur?..... (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in public place. Manner of injury.....

Nature of injury 24. Was disease or injury in any of deceased?.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 3 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Unte of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
		v.	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

134 206 038 356 PLACE OF BIRTH STATE OF IDAHO NOV 5 County of Payette. DEPARTMENT OF PUBLIC WELFARE case of more birth stated. City of Payette. **BUREAU OF VITAL STATISTICS** CERTIFICATE OF BIRTH 226463 Registration District No.... State File No..... 1008. r In (If born in hospital or institution ___Local Registrar's No.__ Prim. Registration District No. N. B.—I give name.) Stillborn Infant of E.L.Aldrich. 2. FULL NAME OF CHILD____ PERMANENT RECORD. ch, and the number of each, 6. Premature Yes. Legiti-If plural 4. Twin, triplet, or other_____ 8. Date of 3. Sex birth Oct. 6.1934 Full term No Yes Female births 5. Number, in order of birth____ mate?_ (MONTH, DAY, YEAR) 9. Full **FATHER** MOTHER 18. Full maiden Mary Daisy Lowis namedward Lewis Aldrich (If non-resident, give place and State) Payette Co. 10. Residence (usual place of abode) 19. Residence (usual place of abode) Payette Co. (If non-resident, give place and state) 20. Color or race 21. Age at last birthday 42 (vears 11. Color or race 12. Age at last birthday 56 (years) La Salle Co 13. Birthplace (city or place) _____ (State or country) (State or country) Z š 23. Trade, profession, or particular kind 14. Trade, profession, or particular ខ្ម of work done, as housekeeper, kind of work done, as spinner, Farmer Wife **OCCUPATION** typist, nurse, clerk, etc_____ be made sawyer, bookkeeper, etc. _____ 24. Industry or business in which 15. Industry or business in which work was done, as silk mill, work was done, as own home. WITH UNFADING INK...' a Separate Return must be lawyer's office, silk mill, etc. sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work____ spent in this work__ Before labor___ 8. If stillborn. 7 months period of gestation. 7 months 29. Cause of stillbirth Dystocia-Relampsia 28. If stillborn. During labor_# CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE DM I hereby certify that I attended the birth of this child, who was (stillbonn) at 3.30m. on the date above stated. BORN ALIVE OF THEBORN When there was no attending physician) or midwife, then the father, householder, (Signed) _ etc., should make this return. Give name added from .____, Michwife Payette. Idahe a supplemental report_____ Address $107^{1}/34$ Filed. Registrar. Registrar.

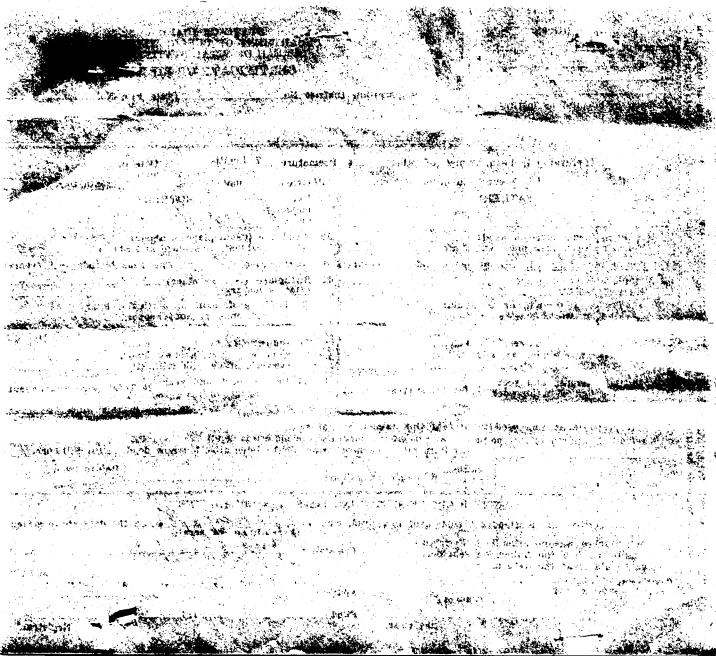
		AL)	v b See	TAMM ON	****			
Ĩ	LACE (OF DEATH	DEPARTME		JBLIC	WELFARE	DO NOT WRITE IN	THIS SPACE
Coun	ty of	Payette.		OF VITA			0	1075
	of	Payette.	CERTIFIC	JAIL			State File No9	1040
			Registration Di			•		F1
			Primary Regist	ration Dist	rict N	1008.	Local Registrar's No.	26:
							_	1
		(If death occur	red in a hospital or	institution,	give	its name instead	of street and number)	1206
2.]	FULL NA	MES t11	lborn Infar	it of I	L.	Aldrich		
			Payett	9	•••••		st. Idaho.	***************************************
Lens	Usu) of resid	ial place of abod lence in city or to	le) Own where death occ	urred. yrs	s. mo	(If noure s. ds. How long	sident give city or town in U.S., if of foreign barth	and state) yrs, mos. ds.
- 			TISTICAL PARTICI	·	7		AL CERTIFICATE OF D	
3. S			Race 5. Single, Mar	ried, Wido	w-			30/0
1	Female	White	ed or Divorce word) Infe	d (write t			ATH (month, day and yes	<u> </u>
5a.	If marrie	d, widowed, or			2:		ERTIFY, That I attende	
N	HUSBAND (or) WIF	E of			1.		•	•
6. 1	DATE OF	BIRTH (month,			11		live on	
7	AGE	Years Mont	6,1934.	If LESS th		he principal ca u	se of death and related	causes of impor-
				1 day, l	ırs.	tance were as	follows:	Date of onset
	8. Trade	profession, or pa	rticular	or . = . = . = . = . = .	in.	Dvstocia-	Eclampsia	•• •••••
NO	kind o	f work done, as , bookkeeper, et	spinner. 37	10	∦∵	Stillborn		
OCCU PATION	9. Industr	y or business in	which		… ∦	.T. T		
- L	saw m	vas done, as silk ill, bank, etc			' '			
		leceased last wo this occupat	rk. 11. Total time ion spent in this		∦.	Other contribut	ory causes of importance:	
1	(mo. ar	nd yr.)	occupation .		·····	Other continue	ory causes of importance.	
12.	BIRTHPI	ACE (city or t		tte				
H								
HE	13. NAME	Edward	Lewis Aldri		`\	Name of operation	n	Date of
LV		HPLACE (city o	r town). La Sal		13		ed diagnosis? Was the	
H.						3. If death was	due to exter'l causes (vio	
川野 (**			Mary Daisy		— ∦ ⊿	the following: Accident, suicide,	or homicide? Date	of injury, 193.
F	(5)	(ate or country)			· \	Where did injury	y occur? pecify city or town, count	y, and state)
17.	INFORMA	NT Edman	d Town la	letie	ء ا		injury occurred in industr	
li .	(Addr	cremation o	ette. Idaho)		_		
10.			Idabo Date 10	/8/34		• -	y	
	riace.	Edma	rollowis a	Clebria		4. Was disease o	or injury in any way rela	ted to occupation
19.	UNDERT.	ess) Pay	ette, Idaho	A		of deceased? 7.	. If so, specify.	<u>.</u>
20.	FILED.	0/3//.34193	SONO DO	was	ØV	(Signed)	MO TO CONTO	W., M. D.
1				Registrar.	-/	(Address)	Payette , Idal	} 0.*

n case of more than order of birth stated. H 1. PLACE OF BIRTH OHACD TO STATE County of Power ENT OF PUBLIC WELFARE OF VITAL STATISTICS City of American Fa CERTIFICATE OF BIRTH No Schiltz Memorial Registration District No. 24 (If born in hospital or institu-Prim. Registration District No. 2072 Local Registrar's No. 77 tion give name.) 2. FULL NAME OF CHILD Stillborn Meere If plural 7. Legiti-8. Date of Oct 8. Sex birtha 5. Number, in order of birth.... Full term V. 8 Female RECORD. mate? VSS 9. Full FATHER 18. Full MOTHER. name maiden Erthur James Moore Ruth Marie Marka nama Aberdeen 19. Residence (usual place of shode) Aberdean 10. Residence (usual place of abode) TYT the 1 (If non-resident, give place and State) Idaho 20. Color or race. | 21. Age at last birthday 40 (years) PERMANE each, and 22. Birthplace (city or place)..... (State or country) each. 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc Allomobile of work done, as housekeeper. OCCUPATION typist, nurse, clerk, etc. Housewife OCCUPATION Dealer 15. Industry or business in which 24. Industry or business in which made Own Home work was done, as silk mill. work was done, as own home. sawmill, bank, etc.... lawyer's office, silk mill, etc. 2 16. Date (month and year) last engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work 26. Total time (years) spent must 19.9.7 in this work 20 Now....... 19.34 in this work.....25 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Neo-silvol 16% WITH UNFADING Soparate Return 28. Number of children of this mother (At time of this birth and including this child) months Before labor 29. If stillborn. During labor..... CERTIFICATE OF ATTENDING PHYSIOLOGOR MINWIFE I hereby certify that I attended the birth of this child, who was Stillborn 4: 15AM on the date above stated. ø WRITE PLAINLY One child at birth When there was no attending physician / or midwife, then the father, householder, etc., should make this return. Give name added from Address Aberdeen, a supplemental report..... Registrar.

	STATE OF II	DAHO
PLACE OF DEATH	DEPARTMENT OF PU	BLIC WELFARE DO NOT WRITE IN THIS SPACE
•	BUREAU OF VITAL	STATISTICS 91001
A	CERTIFICATE O	OF DEATH State File No
City of American Fa	Registration District No	2.9
	Primary Registration Distr	
		emorial Hospital
(If death occu	rred in a hospital or institution	, give its name instead of street and number.)
2. FULL NAME Sti	11born Moore	?
(a) Residence. No		St
(Usual place of abode) Length of residence in city or town whe	re death occurred. yrs. mos.	(If nonresident give city or town and state) . ds. How long in U. S., if of foreign birth? yrs. mos. d
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.SEX 4. COLOR OR RACE	5. Single, Married, Widowed.	
Female White	or Divorced (write the word)	21. DATE OF DEATH (month day, and year) Oct 19 1934 22. I HEREBY CER'IIFY, That I attended deceased from
 	1	, 198, to
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of		I last saw he Lalive on 193 : death is sai
	0-4-30-3074	to have occurred on the date stated above, atm.
6. DATE OF BIRTH (month, day, and 7. AGE Years Months		The principal cause of death and related causes of importance
7. AGE lears months	Days If LESS than 1 day,hrs.	were as follows: Date of one
	or= min.	Stillborn
8. Trade, profession, or particular kind of work done, as spinner sawyer, bookeeper, etc	• •	
9. Industry or husiness in which		
Ti monte mon done on alth mill		
ا ت ا	11. Total time (years) spent in this	Other contributory causes of importance:
year)	occupation	Puerperal Eclampsia Intra-cranial injuries
12. BIRTHPLACE (city or town)	merican Ralia	during child birth
	daho	2
13. NAME James Arthi	r Moore	Name of operation For ceps delivery Date of 10-15.
13. NAME James Arthu	Мо	What test confirmed diagnosis? Was there an autopsy n
(State of country)		23. If death was due to exter Icauses (violence) all in also the following
15. MAIDEN NAME Ruth 16. BIRTHPLACE (city or town)	Marie Marks	Accident, suicide, or homicide? Date of injury
16. BIRTHPLACE (city or town)	Chicago	Where did injury occur? (Specify city or town county, and State)
(State or country)	moore	Specify whether injury occurred in industry in home, or in publi
17. INFORMENT ADEL CE	· Idaho	place.
		Manner of injury
18. BURIAL, CREMATION, OR REMOTE ADET CE SIL		Nature of injury
19. UNDERTAKER - 7 Ni	end6	24. Was disease or injury in any way related to occupation of deceased
(Address)		no If so, specify
20. FILED C 1 23, 1934	Generien not	(Signed) M. C. mark mon, M. I
	Registrar.	(Address) Aberdeen, Idaho

MARGIN RESERVED FOR BINDING

236115003 312 PLACE OF BIRTH CHACL TO STATE County of The ERTMENT OF PUBLIC WIE r more REAU OF VITAL STATIST Oity of Downer CERTIFICATE OF BIRT No. Registration District No. State File No. (If born in bospital or institu-Prim. Registration District No. 9/40 Local Resistrar's No. tion give name) 2. FULL NAME OF CHILD 7. Legiti-8. Date of hort [f plural births 5. Number, in order of birth.... RECORD. Full term. mate 9. Full PATHEOR! 18. Full name maiden name 10. Residence (usual place of abode) 7 19. Residence (usual place of abode) (If non-resident, give place and Saile)..... (If non-resident, give place and State). 11. Color or race. | 12. Age at last bigilities T 20. Color or race ... | 21. Age at last birthday 13. Birthplace (city or place).... 22. Birthplace (city or place) Advised (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kied kind of work done, as spinner, of work done, as housekeeper. OCCUPATION sawyer, bookkeeper, etc typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which made work was done, as silk mill. work was done, as own home. sawmill, bank, etc..... lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work
26. Total time (years) spent Late (month and year) last engaged in this work 17. Total time (years) spent must 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Return 28. Number of children of this mother (At time of this birth and including this ghild months Before labor..... 29. If stillborn. or weeks 30. Cause of stillbirth. period of gestation..... During labor..... CERTIFICATE OF ATTENDING PHYSIC I hereby certify that I attended the birth of this child, who was m. on the date above stated. When there was no attending physician / or midwife, then the father, householder, child etc. should make this return. Give-name added from a supplemental report Address (Date of) Registrar.



TH.	FORM V. S. No. 5-25 T. 1-10.	ATE OF DEATH State of Idaho
DEATH rtificate.	1. PLACE OF DEATH Registration District No	BOARD OF HEALTH Bureau of Vital Statistics
C Cen	County of Paurott Primary Registration Di	91404
SE ck o	Oity of - paroney (No.	2/60 St.) Registered No. / S
state CAU	If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME.	If death occurred in a hospital, institution or eamp, give its NAME instead of street and number.
uld s	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECORD IANS sho See insti	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED	16. DATE OF DEATH
CCIA.	(Write the word.)	Nov - 15 - 34
ENT HYSI ortan	6. DATE OF BIRTH	(Month) (Day) (Year)
RMAN LY, P y impo	(Month) (Day) (Year	17. I HEREBY CERTIFY, That I attended deceased from
FE PE	7. AGE IF LESS than 1 day	y to19
NDIN B A d EX	how manyhr	: لا كالمرابر
BIN S 18 tated	8. OCCUPATION	and that death occurred on the date stated above, at
FOR THI		The CAUSE OF DEATH* was as follows:
EVED 1	(a) Trade, profession or particular kind of work (b) General nature of industry, business or establishment in which employ-	Still bists
ESEI ING AGE ment	ed (or employer)	(Duration) Yrs. mos. ds.
RGIN RESUNFADIN	9. BIRTHPLACE (State or Country) January	Contributory(Secondary)
MAR(TH U	10. NAME OF George Stone	(Duration) yrs, mos. ds.
efull W	11. BIRTHPLACE	(Signed) M. D.
AINLY be car y classi	OF FATHER (State or Country) Franklyn Acht.	11-151934 (Address) Dawney That
E PLA	12. MAIDEN NAME Elvis Pakl	*State the Disease Causing Death; or in dentity from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
WRIT ation	13. BIRTHPLACE OF MOTHER	18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) At place In the
form t ma	(State or Country)	of deathyrsmosdays. Stateyrsmosdays
of in that i	14. THE ABOVE IS TRUE TO THE BEST OF MX KNOWLEDGE	Where was disease contracted if not at place of death?
item of	(Informant) Joseph Jawney Jone	Former or usual residence
very term	(Address)	19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
B.—Ev	Filed Dec 9-1934 Chary & Coffin	20. UNDERTAKER ADDRESS
zi.	SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088	<u></u>

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer. Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None. STATEMENT OF CAUSE OF DEATH-Name, first

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia." unqualified, is indefinite); Tuberculosis of lungs, use of "Tumor" for malignant neoplasms; Measles; Whooping cough: Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere chopheumonia (secondary), 10 as. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUER-PERAL septicemia." "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train -accident: Revolver wound of head-homicide: Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis. tetanus) may be stated under the head of "Contributory."

.	PLACE OF BIRTH Gom m The	THE CEPATE OF IDAHO
made	County of Bingham	EPARTMENT OF PUBLIC WELFARE
8	City of Blushfool	BUREAU OF VITAL STATISTICS 226792
<u>.</u>		CERTIFICATE OF BIRTH
9	No. X T. D. 2. St.	, '9./
	Registration Distr	rict No. State File No.
2 7 E	(If born in hospital or institution give name.) Prim. Registration	n District No. 2/9/Local Registrar's No. 2
	FULL NAME OF CHILD	ebisth. Jance
34	(If stillborn, su	bstitute the word "Stillbirth" for name of child)
SEPARATE RETURN must order of birth stated.	Sex of Triplet and Number in order	Legiti- Date of
A P	Child or other? Jof birth (To be answered only in event of plural bir	mate ?\\ birth \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
AR I	What prophylactic was used to prevent Ophthalmia Ne	77
단합		
S E	Number of child of this mother, including present birth.	· · · · · · · · · · · · · · · · · · ·
4 4 8+	Born alive but now dead	Stillborn
at birth of cach,	FULL FATHER	FULL MADDEN MOTHER
= %	NAME VILLE	NAME to a light anan
- H	Residence (Usual place of abode)	Residence (Usual place of abode)
경출	If non-resident, give place and State	If non-resident, give place and State
a a	Color or race Vale Age at last birthday 19	Color or race Age at last birthday 17
e 0	Birthplace Thomas Dua (Years)	Birthplace Blackfoot- Qua (Years)
d t	(City and State or County)	(City and State or County)
E	Occupation. Towns	Occupation House Wife
more than one child each and the number	CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE Live worm
28	I hereby certify that I attended the birth of this	and the same of th
case of for (on the date above stated.	
8		ature) The Secret 81.0
ii i	(*Where there was no attending physician or mid-)	
ī	wife, then the father, householder, etc., should	(Physician or midwife)
m	make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	88 Blackford day
ż		Mer. 3 19 4 Mm Staling & 1 would
•	rnou	Registrar.

should state occu-STATE OF IDAHO DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No..... statement Registration District No..... PHYSICIANS Primary Registration District No. Local Registrar's No RECORD. ed in a hospital or institution, give its name instead of street and number.) (If death occur 2. FULL NAME..... Residence. No.....St. (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. (Usual place of abode) Length of residence in city or town where death occurred. yrs, mos. · MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, or Dirorced (write the word) 4. COLOR OF ORACE 3.SEX 21. DATE OF DEATH (month day, and year) I HEREBY CERTIFY. That I attended deceased from. 22. 5a. If maried, widowed, or divorced ...: death is said (or) WIFE of to have occurred on the date stated above, at 1930 Pm. 6. DATE OF BIRTH month, day, and year) The principal cause of death and related causes of importance were as follows: If KESS then Months Days Date of onset 7. AGE 1 day,..... hrs. min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... Other contributory causes of importance: 11. Total time (years) 10. Date deceased last worked at pent in this this occupation (month and 12. BIRTHPLACE (city or town) (State or country) Name of operation Date of 13. NAME What test confirmed diagnosis? Was there an autopsy? important. 14. BIRTHPLACE (city or town) (State or country) 23. If death was due to exter leauses (violence) all in also the following: Accident, suicide, or homicide? Date of injury 193 15. MAIDEN NAME DEATH Where did injury occur? 16. BIRTHPLACE (city or town)...... (Specify city or town, county, and State) (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) 0F Manner of injury 18. BURIAL, CENTATION. OR Nature of injury..... CAUSE Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) Registrar. (Address

l 1. PLACE OF BIRTH OF EDAHO County of Fort Hall Reservation DEPARTMENT OF PUBLIC WELFARE BURBAU OF VITAL STATISTICS City of Fort Hall. Idaho CERTIFICATE OF BIRTH 20052Agency Hospital Registration District No. 121-RState File No. (If born in hospital or institution give name.) Prim. Registration District No. 2194-R Local Registrar's No. 475 Stillborn (No other name) Smart 2. FULL NAME OF CHILD 8. Date of Oct. 29, 188 [f plural 3. Sex * births Male mate? Yes 5. Number, in order of birth.... Full term... RECORD. 9. Full FATHER 18. Full number MOTHER name maiden Ella Mephi Frank Smart name 19. Residence (usual place of shode) Fort Hall Res 10. Residence (usual place of abode) Fort Hall Res. PERMANENT (If non-resident, give place and State)..... (If non-resident, give place and State)..... 20. the hope 4/4 | 21. Age at last birthday 34 (years 22. Birthplace (city or place) Fort Hall Res 13. Birthplace (city or place) Fort Hall Res (State or country) each. (State or country) 14. Trade, profession, or particular parmer 23. Trade, profession, or particular kind kind of work done, as spinner. of work done, as housekeeper, Housewife ATION sawyer, bookkeeper, etc 15. Industry or business in which Own farm made work was done, as silk mill, work was done, as own home, sawmill, bank, etc.... lawyer's office, silk mill, etc. 2 16. Date (month and year) 25. Date (month and year) last engaged in this work 26. Total time (years) spent last engaged in this work 17. Total time (years) spent INK Oct. 28 Oct. 29 19 34 in this work I8 in this work 8 WITH UNFADING Separate Return 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child)? (a) Born alive and now living I....(b) Born alive but now dead......(c) Stillborn..... period of gestation 7 moo or weeks 30. Cause of stillbirth List Tied in Cord Before labor. 29. If stillborn. During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MISWIFE I hereby certify that I attended the birth of this child, who was ... Still bern ... on the date above stated. 4 Alive or LAINLY at birth When there was no attending physician / (Signed) or midwife, then the father, householder, or Agency Physician etc., should make this return. ----- Midwife Give name added from Fort Hall, Idaho. a supplemental report. (Date of) Address Filed Nov. 13, 1934 Registrar.

ALL SOME SERVICE				
PLACE OF DEATH	STATE OF ID. DEPARTMENT OF PUB: BUREAU OF VITAL	LIC WELFARE	DO NOT WRITE IN	THIS SPACE
Reservation.	CERTIFICATE C	F DEATH	State File No9	1230
· · · · · · · · · · · · · · · · · · ·	Registration District No	121 - R		
	Primary Registration Distric		Local Registrar's No	187
(If death occur 2. FULL NAME Smart		ve its name instead	of street and number)	20%
(a) Residence. No	Agency Hospital			<u></u>
	de) own where death occurred. yrs.	4-4		
	TISTICAL PARTICULARS	MEDICA	AL CERTIFICATE OF D	EATH
Shoshone Bannock	Race 5. Single, Married, Widow-ed or Divorced (write the word) Single	1	ATH (month, day and ye	
5a. If married, widowed, or HUSBAND of (or) WIFE of	divorced None	22 I HEREBY C	ERTIFY, That I attend ., 1934, to Still	ed deceased from
6. DATE OF BIRTH (month	n, day, and year)		live on, 193	
7. AGE Years Mon	ths Days If LESS than	11	on the date stated abov	
Stillborn	1 day, hrs.	tance were as i	follows:	Date of onset
8. Trade profession or p	articular	Stillborn	********************	••• •••••
sawyer, bookkeeper, e	s spinner, None	Premature	birth.	10/29/31/
9. Industry or business i work was done, as sil saw mill, bank, etc	k mill.	Knot tied	· · · · · · · · · · · · · · · · · · ·	
10. Date deceased last we ed at this occupa (mo. and yr.)	ork- 11. Total time (years) tion spent in this occupation	Other contribut	ory causes of importance	::
12. BIRTHPLACE (city or	town) Fort Hall, Idaho	-		
(State or country)		-	• • • • • • • • • • • • • • • • • • • •	
13. NAME Frank		N	· · · · · · · · · · · · · · · · · · ·	
14. BIRTHPLACE (city State or country	or town) Fort Hall Res	1	ned diagnosis? Was tl	
	Ella Nephi	the following:	due to exter'l causes (vic	·
16. BIRTHPLACE (city (State or country)	or town) Fort Hall, Res.	Where did injur	or homicide? Dat y occur? pecify city or town, cour	
17. INFORMANT . Ella	Smart. t Hall, Idaho	Specify whether i	njury occurred in indust	try, in home, or in
18. BURIAL, CREMATION		l)		
Place Home	Date Oct . 30 193 4	Nature of injury		
19. UNDERTAKER NCMe (Address)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	24. Was disease of deceased?	If so, speatry.	ated to occupation
20. FILED NOV. 10, 193	Mo Palus to ate	(Signed)	MINANTE I LA IL	Hall, Idaho

Fran Pro. DEP TATE OF IDAHO PLACE OF BIRTH County of Fort Hall Res PUBLIC WILLIAM OF PUBLIC WILLIAM COLONIAL BURNAU OF VITAL STATISTICS COLONIAL STATISTI City of Fort Hall CERTIFICATE OF BIRTH Agency Rospital Registration District No. 121-R State File No. (If born in hospital or institu-Prim. Registration District No. 2194-R Local Registrar's No. 478 tion give name.) Stillborn No name) 2. FULL NAME OF CHILD TON. 뿌옄 4. Twin, triplet, or other 6. Premature Yes. Legiti-If plural 3. Sex 8. Date of birthe birth Oct 24, 100 mete? Yes Female 5. Number, in order of birth.... Full term.... PERMANENT RECORD. sach, and the number of (Month, Sur, To 9. Wull FATHER 18. Full MOTHER name maiden Grover Tom Essie Fisher name 10. Residence (usual place of abode) Fort Hall. Idaho 19. Residence (usual place of abode) Fort Hall, Idaho 13. Birthplace (city or place) Quince. Nevada 22. Birthplace (city or place) Fort Hall Res Courchee revado Vdali (State or country) (State or country) each, 14. Trade, profession, or particular kind of work done, as spinner, Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, Housewife for OCCUPATION typist, nurse, clerk, etc. 15. Industry or business in which Own farm 24. Industry or business in which Own home made work was done, as own home, lawyer's office, silk mill, etc. nust be 16. Date (month and year) 25. Date (month and year) last engaged in this work 26. Total time (years) spent Oct. 24, 1934 in this work. 7 Oct. 7, 19.34 in this work? WITH UNFADING 8 Separate Return 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ... 28. Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living D....(b) Born alive but now dead.......(c) Stillborn I O remoture period of gestation 35 mw or weeks 30. Cause of stillbirth Lythood Lever Mill Before labor. 29. If stillborn. During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR DESWIFE P.M. I hereby certify that I attended the birth of this child, who was Stillborn 10 m. on the date above stated. PLAINLY d at birth When there was no attending physician / Ulson. M. D. (Signed) - Francis or midwife, then the father, householder, etc., should make this return. Agency Physician Give name added from a supplemental report...(Date of) Fort Hall, Idaho. WRITE One chile Address Nov. 13, 1984 Filed. Registrar.

STATE OF ID.	AHO
PLACE OF DEATH DEPARTMENT OF PUBI	LIC WELFARE DO NOT WRITE IN THIS SPACE
County of Fort Hell BUREAU OF VITAL CERTIFICATE O	DEATH 91231
City of Fort Hall, Idaho	State File No.
Registration District NoI	
Primary Registration District	t No. Z194-R Local Registrar No. 186
(No. Agency Hospit	(a.1
2. FULL NAME Tom (No name) Stillborn	
(a) Residence. No. Fort Hall Reservati	on. Idaho.
(Usual place of abode) Length of residence in city or town where death occurred. yrs.	***************************************
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowed or Divorced (write the	21. DATE OF DEATH (month, day and year) Oct 24198 4
remale Shoshone 4/4 word) Single	22. I HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced HUSBAND of	Oet.24 1934 to Stillhorn 193
6. DATE OF BIRTH (month, day, and year)	I last saw halive on, 193: death is said
Oct 24, 1934	to have occurred on the date stated above, at IO3Pm.
7. AGE Years Months Days If LESS than 1 day, Q. hrs.	The principal cause of death and related causes of impor- tance were as follows: Date of onset
or Q min.	
8. Trade, profession, or particular kind of work done, as spinner, None	Premature 5- I/2 months //24/3
9. Industry or business in which	Mother had typhoid fever.
work was done, as silk mill, suw mill, bank, etc	
10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this	
(mo. and yr.) occupation	Other contributory causes of importance:
12. BIRTHPLACE (city or town) Fort. Hall, . Idaho	
13. NAME Grover Tom. 14. BIRTHPLACE (city or town) Owyhee, Nevada (State or country)	Name of operation Date of
14. BIRTHPLACE (city or town) Owyhee, Nevada. (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Essie Fisher	23. If death was due to exter'l causes (violence) fill in also
15. MAIDEN NAME Essie Fisher 16. BIRTHPLACE (city or town) Fort Hall Res (State or country)	the following: Accident, suicide, or homicide? Date of injury, 193.
(State or country)	Where did injury occur?(Specify city or town, county, and state)
17. INFORMANT Essie Tom (Address) Fort Hall, Idaho.	Specify whether injury occurred in industry, in home, or in
18. BURIAL, CREMATION OR REMOVAL	public place. Manner of injury
Place Home Date Oct 25, 193.4	Nature of injury
19. UNDERTAKER Agency Carpenter (Address) Fort Hall, Ideho	24. Was disease or injury in any way related to occupation
Non TO	of deceased? If so, specify (Signed)
20. FILED. NOV. 193.4. M. Italian C. N. Alexander and Registrar.	(Address)

PLACE OF BIRTH DAHO : County of Fort Hall Reservat DEPARTMENT OF PUBLIC WELFARE e of more of birth st BURBAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH **226824**° No...... 8t. No Hospital Registration District No. 121-R .State File No. (If born in hospital or institu-Prim. Registration District No. 2194-R Local Registrar's No. 461 tion give name.) 2. FULL NAME OF CHILD Baby Anck (Stillborn) Z B [f plare! 7. Legiti-8. Date of birth Ecv. 35, 1985 3. Sex births Male 5. Number, in order of birth.... Full term. Tes RECORD. number of mate?... 9. Full FATHER 18. Full MOTHER name maiden Mary Horn Ray Auck name 10. Residence (usual place of abode)Fort Hall, Idaho 19. Residence (usual place of abode) Fort Hall, Idaho PERMANENT (If non-resident, give place and State). 12. Age at last birthday. 45. (years) 13. Birthplace (city or place) Fort Hall. Idaho 22. Birthplace (city or place) Fort Hall, Idaho (State or country) (State or country) each, 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, Farmer of work done, as housekeeper, Housewille OCCUPATION sawyer, bookkeeper, etc typist, nurse, clerk, etc. 24. Industry or business in which Cwn home 15. Industry or business in which made work was done, as silk mill. Own farm work was done, as own home. sawmill, bank, etc.... lawyer's office, silk mill, etc. <u>8</u> 25. Date (month and year) last engaged in this work 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent INK-must in this work.22 19 in this work IZ 19...... UNFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living.0....(b) Born alive but now dead...5...(c) Stillborn.g..... with une months Before labor..... 29. If stillborn. or weeks 30. Cause of stillbirth Hareditary syphilis period of gestation..... During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE I hereby certify that I attended the birth of this child, who was deed œ et Itam. on the date above stated. TE PLAINLY child at birth When there was no attending physician / (Signed) or midwife, then the father, householder, etc. should make this return. Give name added from Fort Hall. Idaho. WRITE One chil Address Dee. I, 1934/ Registrar,

A 18 A Del Const A Ref Dog 10 a			
PLACE OF DEATH Fort Rell Reservation.	STATE OF IDAHO DEFARTMENT OF PUBLIC WI BUREAU OF VITAL STATIS CERTIFICATE OF DEA	STICS STICS	IN THIS SPACE 91234
City of Fort Hell	Registration District No.121-R	Local Particular	r's No. 202
	Primary Registration District No.2 (No		o (.
	**		~ "
(a) Residence No. Fort H	all, Idaho ath occurred. yrs. mos. ds. Ho	St.	
(Usual place of abode) Length of residence in city or town where de	ath occurred. yrs. mos. ds. How	(If nonresident give city long in U. S., if of foreign birth?	or town and State) rs mos. ds.
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
8. SEX 4. COLOR OR RACE	or Divorced (write the word)	DATE OF DEATH November 1	5. T934
Male Bannook Indi	no None		ay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	17	. I HEREBY CERTIFY, That I attended do No. D. attending do	ceased from
6. DATE OF BIRTH (month, day and year)			19
7. AGE Years Months	Days If LESS than 1 day, an	d that death occurred, on the date stated above	ve, at ItA m.
0 0		ae CAUSE OF DEATH* was as follows:	
8. OCCUPATION OF DECEASED		Hereditary Syphilis	
(a) Trade, profession, or particular kind of work	None		*
(b) General nature of industry, business, or establishment in		(duration)	yrsds.
which employed (or employer)	CC	ONTRIBUTORY (Secondary)	
		(duration)	yrsds
9. BIRTHPLACE (city or town) For (State or country)	t Hall, Idaho	. Where was disease contracted if not at place of death?	
10 NAME OF FATHER	A3-	d an operation precede death?Date	e of
Ray	w w	as there an autopay?	
11. BIRTHPLACE OF FATHER (city of (State or Country)	· · · · · · · · · · · · · · · · · · ·	hat test confirmed diagnosis?	Viloon
	Hall, Idaho	(Signed)	t Hall, Idaho
(State or Country) Fort 12. MAIDEN NAME OF MOTHER	Mary Horn		
18. BIRTHPLACE OF MOTHER (city of (State or Country)	or town) t Hall, Idaho	*State the DISEASE CAUSING DEATH, or sale and state (1) MEANS AND NATURE bether ACCIDENTAL, SUICIDAL, or HOMI	n deaths from VIOLENT OF INJURY, and (2) CIDAL.
14. Informant Mary Horn Auck	. 19	. Place of Burial, Cremation, or Removal-	· Date of Burial
	ll, Idaho	Home	Nov. 75 Toxa
15. Filed Dec. I, 1934 1900.	20	. Undertaker Nome	Address 10, 1934

THE OF HOARIO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFAR County of ... BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH No...,.. 3 State File No. Registration District No. (If born in hospital or institu-Prim. Registration District No. 21 4 -0 Local Registrar's No. 4 tion give name.) 2. FULL NAME OF CHILD N. 89 7. Legiti-8. Date of [falural 3. Sex birth.. births 5. Number, in order of birth..... RECORD. 18. Full MOTHER Full FATHER number maiden name name 19. Residence (usual place of abode) 10. Residence (usual place of abode) TY P (If non-resident, give place and State) 20. Color or race. Lu.... | 21. Age at last birthday (years) 11. Color or race. [4]. | 12. Age at last birthday 25 (years 22. Birthplace (city or place) Flammete 13. Birthplace (city or place) Lake (State or country) (State or country) each. 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done as spinner, typist, nurse, clerk, etc. sawyer, bookkeeper, etc 24. Industry or business in which 15. Industry or business in which work was done, as own home, Ossar Hawyer's office, silk mili, etc. work was done, as silk mill, sawmill, bank, etc..... 25. Date (month and year) 26. Total time (years) apent 16. Date (month and year) 2 last engaged in this work 17. Total time (years) spent last engaged in this work 1988 navembers 34 in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Return : 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born aliverbut now dead (c) Stillborn Before labor months or weeks 30. Cause of stillbirth. 29. If stillborn, During labor. period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN .Sem on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician ! (Signed) or midwife, then the father, householder, etc. should make this return. Midwife Give name added from a supplemental report.... Address chil (Date of) Régistrar. Registrar.

man with the state of the said of the

N. B..-WRITE PLAINLY, WITH UNFADING INK.--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF ID.	AHO
PLACE OF DEATH DEPARTMENT OF PUBL	1 TO A DOMESTING THE MITTER OF A CITY 1
'A POTENTIAL OF VIEWAY	ama Mantod
Courty of	
	F DEATH State File No. 31270
City of Jacob Vacco	
Registration District No	73
itogration District No	Fernandoneousensonousensonousenson
	$(x, 2/\sqrt{6})$
Primary Registration Distric	t No. Local Registrar's No.
(37)	
(No(If death occurred in a hospital or institution, gi	ve its name instead of street and number)
th death occurred in a nospital or institution, gr	ve its name instead of street and number)
2. FULL NAME Shu Tuff - Can	s fue
	0.1.2 3
(a) Residence. No.	St Tien lle
(Usual place of abode)	(If nonresident give city of town and state)
Length of residence in city or town where death occurred. yrs.	mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
	1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widow-	1 17
ed or Divorced grapte the	21. DATE OF DEATH (month, day and year) 193 Y
Word) Stiff	
The state of the s	22 I HEREBY CERTIFY, That I attended deceased from
5d. If married, widowed, or divorced HUSBAND of	11. 17. 1984 to 11. 17. 1984
(or) WIFE of	17777.77 10 mg/ 10 1777 11 mg/
6. DATE OF BIRTH (month, day, and year)	I last saw halive on, 193: death is said
or Balls of Ballin (month, day, and year)	to have occurred on the date stated above, atm.
Nav. 17-1934.	mba
7. AGE Years Months Days If LESS than	
1 day, hrs.	tence were as follows:
or min.	Marian Marian Marian
8. Trade, profession, or particular	13 180 100
kind of work done, as spinner.	
kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last work. ed at this occupation spent in this	
9. Industry or business in which	
work was done, as silk mill,	
saw mill, bank, etc	
10. Date deceased last work- 11. Total time (years)	
ed at this occupation spent in this	Other contributory causes of importance:
(mo. and yr.)	<u> </u>
10 PURTURY AGE (1)	
12. BIRTHPLACE (city or town)	100
(State or country)	- 1
E 13. NAME Angel & Campbell	
18. NAME Annal Campbell	Name of operation Date of
The representation of the second seco	
(State or country)	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to exter'l causes (violence) fill in also
15. MAIDEN NAME Colherine Vando	the following:
	Accident, suicide, or homicide? Date of injury, 193.
16. BIRTHPLACE (city or town) A. L. M. M. (State or country)	/la
(State or country)	Where did injury occur?(Specify city or town, county, and state)
200	
17. INFORMANT L. MAN. Vilda Berry	Specify whether injury occurred in industry, in home, or in
(Address) Agree 3 Malusta, J.	public place
18. BURIAL, OREMATION OR REMOVAL	Manner of injury
man TP of the Parister man har 17 son a	الم
Place	
19 UNDERTAKER	24. Was disease or injury in any way related to occupation
(Address)	of deceased?
ulla usart	(Signed)
20. FILED. 198	
Registher.	(Address)

289/120/01/19	
The state of the s	
The state of the s	3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	340
	THE RESERVE OF COMMENTS
Pinner (C)	stration District No. 180 Local Registrar's No. 180
2. FULL NAME OF CHILD Sullostn	Byruston 116913
3 Sex (If plural) 4. Twin, triplet, or other	6. Premature 7 7. Legiti-
orac births	hirth /01. 20 199 4
5. Number, in order of birth	Full term mate? (Mosts, Day, Year)
9. Full FATHER	18. Full MOTHER
name Carene arthur Burnston	maiden Sidney Come Butter
	The state of the s
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual stace of abode) (If non-resident, give place and State) 2 filder
11. Color or race. U. 12. Age at last birthday 2.2 (yes	
13. Birthplace (city or place) Lava 244 Chan	
(State or country)	(State or country)
14. Trade, profession, or particular	23. Trade, profession, or particular kind
kind of work done, as spinner,	of work dans as housekeenes
sawyer, bookkeeper, etc	typist, nurse, clerk, etc. hausetwift
15. Industry or business in which work was done, as silk mill,	24. Industry or business in which
work was done, as silk mill, sawmill, bank, etc	work was done, as own home, lawyer's office, silk mill, etc.
16 Date (month and week)	
	ent 25. Date (month and year) 26. Total time (years) spen
iast engaged in this work 1.1 Total time (years) sp	
97 What prophylantic was used to prevent Onthelmia	Neonatorum? Mandatage de la company de la co
	orth and including this child
28. Number of children of this mother (At time of this t	low living (b) Born alive but now dead (c) Stillhorn /
no re attachement to the months	A A A A A A A A A A A A A A A A A A A
29. If stillborn, period of gestation 7 2 Nov by weeks 30. Cause of s	tillbirth lluth fullul flugloss from
- Marin	tillbirth fleath hange life about the
CERTIFICATE OF ATTENI	DING PHYSICIAN OR MED WIFE
I hereby certify that I attended the birth of this chi	d, who was
When there was no attending physician /	The state of the s
or midwife, then the father, householder,	(Signed) William Signed
etc. should make this return.	or Ostlopath Midwi
Give name added from	
a supplemental report(Date of)	Address aldured the Address
,	Filed /// 10 1984 2000
Registrar.	Registras
Taux 1	

PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. 8 State File No. (If horn in hospital or institution Prim. Registration District No. 2/5 Local Registrar's No. 40 give name.) FULL NAME OF CHILD ... (If stillborn, substitute the word "Stillbirth" for name of shild) Number Twin Legiti-Date of Sex of Rama le Triplet and 4 in order birth mate? Child or other? (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Born alive but now dead Stillborn FULL MAIDEN -FULL Residence (Usual place of abode)..... Residence (Usual place of abode) If non-resident, give place and State It non-resident, give place and State ge at last Birthday. Color or race. Birthplace (City and State or County) (City and State or County) Occupation Hamen Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) *Where there was no attending physician (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Registrar.

PLACE OF DEATH	STATE OF DEPARTMENT OF 1	
County of Coulyn	BUREAU OF VIT	AL STATISTICS 01290
City of Joda Amigs	CERTIFICATE	OF DEATH State File No. 91329
Idal	Registration District No	87
-	Primary Registration Di	strict No. 2/59 Local Registrar's No. 54
1	(No. Carol	- Harffitel
(If death occurred		nfrive its name instead of street and number)
	hase I	
(a) Residence. No. //	/www.	St. (If nonresident give city or town and state)
		rs. mos. ds. How long in U. S., if of foreign birth? yrs. m
PERSONAL AND STATIS	TICAL PARTICULARS ce 5. Single, Married, Wic	MEDICAL CERTIFICATE OF DEATH
The Hid-	ed or Diverced write	the 21. DATE OF DEATH (month, day and year)
5a. If married, widowed or div	٥١ صيبا٧٠	22 I HEREBY CERTIFY, That I stended decease
(or) WIFE of	•	. D.C. 2
6. DATE OF BIRTH (month, di	ay, and year)	I last saw har on 1934.: death to have occurred on the date stated above, at
7. AGE Years Months	Nov. /2/93.	min will me a second of the se
Dies la	1 day,	hrs. tance were as fillows Date o
8. Trade, profession, or parti	cular or	
kind of work done, as a sawyer, bookkeeper, etc		Carre un promon
9. Industry or business in w work was done, as silk m	till,	except for turely
saw mill, bank, etc 10. Date deceased last work.	- 11. Total time (years)	
ed at this occupation (mo. and yr.)	i spent in this occupation	Other contributory causes of importance:
12. BIRTHPLACE (city or tow	n) togo strug	Pd
(State or country)	Stat.	
13. NAME Skury	natcher	Name of operation Date of.
2 14. BIRTHPLACE (cry or t (State or country)	own). Thatever	What test confirmed diagnosis? Was there an auto
15. MAIDEN NAME 24	una 25 Mon	23. If death was due to exter'l causes (violence) fill
16. BIRTHPLACE (city or t	own Ldalo Ha	the following: Accident, suicide, or homicide? Date of injury
(State or country)	A Ja	Where did injury occur?
17. INFORMANT (Address)	water	Specify whether injury occurred in industry, in home
	REMOVAL.	public place. Manner of injury
Place//hatcho	30). Date / Vov. 2,	93 4 Nature of injury
19. UNDERTAKER 6.05.7.1.	Getteray	24. Was disease or injury in any way related to occ
(Address)	purys Vda	of deceased? Mo. If so, specify
20. FILED 193 4.	* * * * * * * * * * * * * * * * * * *	

FOOD AND DRUG INSPECTION BACTERIOLOGICAL LABORATORY CHEMICAL LABORATORY SANITARY ENGINEER BUREAU OF CHILD HYGIENE VITAL STATISTICS

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BOISE, IDAHO

LAVA HOT SPRINGS . . . IDAHO SOLDIERS' HOME STATE HOSPITAL NORTH STATE SCHOOL AND COLONY - ! STATE HOSPITAL SOUTH - BLACI

C. BEN ROSS, GOVERNOR

WIS WILLIAMS, COMMISSIONER

January 24, 1935

Dr. Russell Tigert Soda Springs, Idaho

Dear Doctor:

Will you kindly advise us on the bottom of this letter the correct sex of the child born to Mr. and Mrs. Henry K. T hatcher. The birth certificate sent to this office for registration gives the sex as Male and the mother says it should be Female. We are unable to make this change without a written statement from the attending physician. We are enclosing a stamped envelope and will appreciate a reply by return mail.

Thanking you in advance for your kind attention to this matter. we remain.

very truly yours,

BUREAU OF VITAL STATISTICS

Pearl Dillingham State Registrar

Dear Madam; By referring to my files I find That the Heath cultificate copy of Cava Evan Thatcher reads "Female"-I remember that it was first the Evan and that later when she would of the sex The Cova

/4 T.			
of birth stated.	Cat No	place of Birth unty of Burley y of Burley St. Registration I	DEPARTMENT OF PUBLIC WELFARE 1 6 THE AU OF VITAL STATISTICS 22 70 55 CERTIFICATE OF BIRTH District No
in order	tio	FULL NAME OF CHILD	ation District No. 3/16 Local Registrar's No. 105
of each, in	-	Sex W If plural \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Premature 7. Legiti- 8. Date of 0 - 19 - 198 V Full term mate 20 Oktober Day, Year)
number o	9.	Full name Glen Starting	18. Full MOTHER maiden Reasla Shean
- 0	10.	Residence (usual place of abode) (If non-resident, give place and State) Burkly	19. Residence (usual place of abode) (If non-resident, give place and State) Busky
t)	11.	Color or race 12. Age at last birthday (years)	20. Color or race
and	13.	Birthplace (city or place)	22. Birthplace (city or place) (State or country)
made for each,	OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
must de n	0000	16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work	S 95 Date (month and wear)
s I I	27.	What prophylactic was used to prevent Ophthalmia Ne	onatorum?
Return	28.	Number of children of this mother (At time of this hirth	n and including this child) livingQ(b) Born alive but now dead(c) Stillborn
3	29.	If stillborn, period of gestation 9 months or weeks 30. Cause of still	Tark i O'X (Rotore Johan
Separa		CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE
8		I hereby certify that I attended the birth of this child,	who was m. on the date above stated.
ld at birth		When there was no attending physician or midwife, then the father, householder, etc., should make this return. or name added from	igned) , M. D. , Midwife
KITE 10 chil	a	(Date of)	ed Nov 16 1884 Laure Origer
≥ 등	1	Registrar.	Registrar.

The transfer of the second of Trought a standing to Minimum of the control of the contro

PLACE OF DEATH County of Cossia	STATE OF ID. DEPARTMENT OF PURI BUREAU OF VITAL	LIC WELFARE	DO NOT WRITE IN	THIS SPACE
- Declar	CERTIFICATE O	F DEATH	State File No	30330
City of	Registration District No Primary Registration District		Local Registrar's No	74
	.==	. 140,	LOCAL REGISTRAL B 110	7
(If death occurre	Noed in a hospital or institution, pi	ve its name instead	of street and number)	(2
2. FULL NAME	n Ragder S	tartin		200
(a) Residence. No. 34	2 n. Orental		st	
(Usual place of abode Length of residence in city or to) vn where death occurred, yrs.	(If nonre mos. ds. How long	sident give city or town a in U. S., if of foreign birth?	yrs, mos. ds.
PERSONAL AND STATE	STICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DE	ATH
	ace 5. Single, Married, Widow- ed or Divoyced (write the word)	21. DATE OF DE.	ATH (month, day and yea	r) / D - /9193
5a. If married, widowed, or d HUSBAND of	Janas	10-19	., 100.p., 10	9 193. X
6. DATE OF BIRTH (month,	day, and year)	II .	live on 1.0 1.9 193 ×	
Oct.	19-1934	to have occurred	on the date stated above, use of death and related c	atm.
7. AGE Years Month	S Days If LESS than 1 day, hrs.	tance were as		Date of onset
8. Trade, profession, or par kind of work done, as	ticular	Failurg	to your	
sawyer, bookkeeper, etc 9. Industry or business in, work was done, as silk	which mill,	delin	Ly	
saw mill, bank, etc 10. Date deceased last wor ed at this occupation	k. 11. Total time (years) on spent in this	Other contribut	tory causes of importance:	
(mo. and yr.)	occupation	<u> </u>		
12. BIRTHPLACE (city or to (State or country)	wn) do la la la la la la la la la la la la la]		
E 13. NAME Alexa	M. Stration			
14. BIRTHPLACE (city or	town) Museu	N -	nn.	•
(State or country)	utoh /		ned dlagnosis? Was the	
15. MAIDEN NAME A	eola-Sheen	/l +ha fallawing:	due to exter'l causes (viole or homicide? Date	
5 16. BIRTHPLACE (city or (State or country)	town) Califuan	Where did injur	y occur?	y, and state)
17. INFORMANT Alexa	n W. Startin		injury occurred in industr	
(Address) 362-	M. Quentre	public place		
18. BURIAL, CREMATION OF	- Lag. Date / 0/2 01924	Manner of injur	y	
10 10	M. L	Nature of injury	or injury in any way relat	ed to occupation
19. UNDERTAKER (Address)	& Mo Eulloch	o deceased?	If the begins from	
20. FILED 10 /19 1984.	Laura areco.	(Signed)	3	, M. I
	Registrar.	(Address)	· · · · · · · · · · · · · · · · · · ·	

Dr. G. G. Espe

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH TATE OF IDAHO MENT OF PUBLIC WILFARD County of BURBAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH Registration District No. State File (If born in hospital or institution give name.) Prim. Registration District No.Local Registrar's No. 2. FULL NAME OF CHILD ri g ff plural 8. Date of births 5. Number, in order of birth.... Full term. ö 9. Full FATHER 18. Full MOTHER nama maiden posen name A 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 11. Color or race W.... | 12. Age at last birthday ... (years) 20. Color of race 2/ | 21. Age at last birthday 2 4 (years 13. Birthplace (city or place) 22. Birthplace (city or place) Clas G (State or country) mo. (State or country) each, 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper kind of work done, as spinnet Industry or business in which work was done, as silk milk sawmill, bank, etc.

Date (month and year) last engaged in this work | 17. Total time (years) spent typist, nurse, clerk, etc. Truce 24. Industry or business in which 15. Industry or business in which made work was done, as own home own Home lawyer's office, silk mill, etc. Own Home 25. Date (month and year) 26. Total time (years) spent 2 16. Date (month and year) must in this work 12 200 in this work UNIFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead......(c) Stillborn...... months Before labor..... 29. If stillborn. or weeks 30. Cause of stillbirth... period of gestation 2 M During labor CERTIFICATE OF ATTENDING PHYSICIAN IN MIDWEFE I hereby certify that I attended the birth of this child, who will am. on the date above stated. When there was no attending physician / or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... 등 Address Filed // 3

A TOTAL TO THE TOTAL OF THE PARTY OF THE PAR PROTECT OF A STATE OF THE PROPERTY OF Secretaria de la companya del companya de la companya del companya de la companya The second second De d'application de multiplication de la company de la com mary the second repeat to the second THE PARTY OF THE P The state of the s The production of the last said the said of the said o The second state of the second Triplet report for TO THE PARTY OF TH Curk the Car MARKET INCLUSIVE TO SPECIFICATION The transport of the state of t the way he attended believed TOWNS THE PARTY WAY

PLACE OF DEATH DO NOT WRITE IN T ARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of Leroml CERTIFICATE OF DEATH RECORD. Every State File No..... City of ... Registration District No..... Primary Registration District No..... Local Registrar's No..... (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME. (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. Color or Race 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year Apr ed or Divorced (write the word) I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of-(or) WIFE of-I last saw her alive on . Mov. 2. 1934 .: death/is said 6. DATE OF BIRTH (month, day, and year to have occurred on the date stated above, at 4...R.m. The principal cause of death and related causes of impor-7. AGE Years Months Days If LESS than tance were as follows: Date of onset 1 day,... hrs. or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) occupation 12. BIRTHPLACE (city or town) (State or country) 13. NAME Name of operation ... Music 14, BIRTHPLACE (city or What test confirmed diagnosis Climas there an autopsy? W (State or country) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or town Where did injury occur?.... (State or country) (Specify city or town, county, and state) OCCUPATIO Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) public place, 18. BURIAL. CREMATION Manner of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERWAKER (Signed) (Address) Registrar.

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EXAMPLE I		EXAMPLE II	
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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

	386 128 627493	
37	County of	STATE OF HEARD DEPARTMENT OF PUBLIC WILLFARD
To the	City of Account	GARBAU OF STAL STATISTICS OF ED
E E	No. St.	CERTIFICATE OF BIRTH OF 100
22	ST Valentina Item Registration	District No. State Tile No.
der	tion give name.) Prim. Regist	ration District No. Local Registrar's No.
1 B	2. FULL NAME OF CHILD Beby then	· do
N. B.	3. Sex 3. Sex 5. Number, in order of birth.	Full term mate in material and Committee and State of the Committee of the
ECOR.D	9. Put pare Dale a Thomas	18. Full MOTHER maider named To Miller
NT RE	10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State Russia 2ck.
H N N	11 Color on man 1// 19 Ame at lest hWthdoms 2 (Year)	8) 20. Color or race 21. Age at last birthday (years)
PERALAN	13. Birthplace (city or place) Hauss	22. Birthplace (city or place)
A PER	14. Trade, profession, or particular local kind of work done, as spinner,	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
TIS 18	sawyer, bookkeeper, etc	typist, nurse, clerk, etc
٤	sawmill, bank, etc	nt 25. Date (month and year) 26. Total time (years) spent
nust	27. What prophylactic was used to prevent Ophthalmia	Na anatown 2
DING	as Number of children of this mother (At time of this bit	rth and including this child) ow living (c) Born alive but now dead(c) Stillborn
UNIFAD	29. If stillborn, period of gestation 5.7244) months or weeks 30. Cause of st	
- E 6		ING PHYSICIAN DOWNERS
B		who we have on the date above stated.
AINE.	When there was no attending physician or midwife, then the father, householder, etc., should make this return.	(Signed)
7 2	Give name added from	0414
WRITE One chil	(Date of)	Address Filed 6/30/34 198 5 3 7860
₽đ	Registrar.	S. E. Bogletrax,

The second of th Application of the property of PROPERTY OF STREET, ST Manage The County of the State of the The transfer of the state of th Carling and Sun and Su The contract of the property of the contract o the street of the state of the NOTES AND A MARKET the parties of the pa Present Los March 1 at 1 The state of the state of the Samuel and the state of the The second of th STATEMENT OF THE STATEM A DOWN THINK THE TANKE WITH THE WAS A STATE WHICH WHO IN The second secon ilmus be

STATE OF STATE occu. DO NOT WRITE IN THIS SPACE OF PUBLIC WELFARE PLACE OF DEATH UREAU OF VITAL STATISTICS County of. IFICATE-OF DEATH State File No..... City Primary Registration District No..... Local Registrar's No. HYSICIA (If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME...... Residence. No..... (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. (Usual place of abode) Length of residence in city or town where death occurred. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. Single, Married, Widowed, or Divorced (waite the word) 3.SEX 4. COLOR OR RACE 21. DATE OF DEATH (month day, and year I HEREBY CER'IIFY, That I attended deceased from. 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of to have occurred on the date stated above, at......m. The principal cause of death and related causes of importance 6. DATE OF BIRTH (month, day, and year) Date of enser Days If LESS than 7. AGE Years Months 1 day 2 hrs. or D min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... Other contributory causes of importance: 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation..... 12. BIRTHPLACE (city or town) (State or country) FATHER Name of operation...... Date of 13. NAME What test confirmed diagnosis? Was there an autopsy? important. 14. BÍRTHPLACE (city or town)... (State or country) 23. If death was due to exter leauses (violence) all in also the following: Accident, suicide, or homicide? Date of injury, 193 15. MAIDEN NAME Where did injury occur?.. ccur?......(Specify city or town, county, and State) 16. BIRTHPLACE (city or town)...... (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) O.F Manner of injury 18. BURIAL, GREMATION, 193 Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed). Address

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EXAMPLE 1 EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related The PRINCIPAL CAUSE OF DEATH and related Date of onset Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 vear ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

stated.	1. PLACE OF BIRTH County of Salum City of Salum	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 227232		
N. B.—In case of in order of birth st		strict No		
RECORD.	3. Sex lif plures { 4. Twin, triplet, or other 6. Properties of births 5. Number, in order of birth Full name Than Blan fandure	remature		
IS A PERMANI for each, and the	10. Residence (usual place of abode) (If non-resident, give place and State) 11. Color or race 12. Age at last birthday 21 (years) 13. Birthplace (city or place) (State or country) 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	19. Residence (usual place of abode) (If non-resident, give place and State) 20. Color or race 21. Age at jast birthday 7 (years) 22. Birthplace (city or place) (State or country) 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. 24. Industry or business in which		
WITH UNFADING INK-THIS a SEPARATE RETURN must be made	sawyer, bookkeeper, etc. 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work	work was done, as own home, lawyer's office, silk mill, etc		
RATE F	28. If stillborn, period of gestation 7 me { months or weeks 29. Cause of stillbir	Before labor		
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from				
WRITE PL.	a supplemental reportAc (DATE OF) Ac Registrar.	idress Salum led 12/13 , 1934 Clio C. Bellamy Registrary		

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STATE OF IDAHO DO NOT WRITE IN THIS SPACE PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE BURHAU OF VITAL STATISTICS State File No..... ORD. Every PHYSICIANS Registration District No..... Primary Registration District No.... Local Registrar's No. (If death occurred in pospital or institution, give its name instead of street and number) 2. FULL NAME (a) Residence. No.4 (If nonresident give city or town and state) (Usual place of abode) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. Color or Race 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) ed or Divorced (write the word) 22. I HEREBY CERTIFY, That I attended deceased from 193. to the second of the seco 5a. If married, widowed, or divorced HUSBAND of -(or) WIFE of I last saw h...alive on, 193...: death is said 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, atm. The principal cause of death and related causes of impor-If LESS than 7. AGE Years Months Days tance were as follows: Date of onset 1 day,... hrs. or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ... 9. Industry or phisiness in which work was done, as silk mill. saw mill, bank, etc. 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: occupation (mo. and yr.) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Name of operation...... Date of...... 14. BIRTHPLACE (city What test confirmed diagnosis?.... Was there an autopay?... (State or country) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide? Date of injury ... A Date of injury ... 9 16. BIRTHPLACE (city or Where did injury occur?.. (Specify city or town, county, and state) (State or country) state CAUSE OCCUPATION Specify whether injury occurred in industry, in home, or in 17. INFORMANT public place. (Address) 18. BURIAL, CREMATION Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related 19 UNDERTAKER of deceased? .. T.A If so, specific (Address) (Signed) (Address) Registrar.

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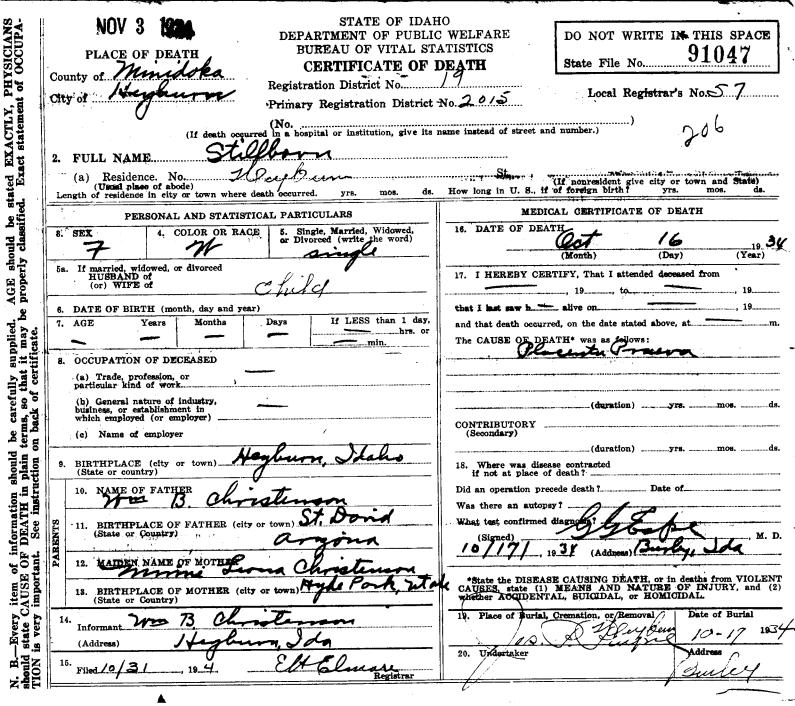
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

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STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first, line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At. school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure,"
"Hemorrhage," "Inanition," "Marasmus," "Old age,"
"Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and con-

spinal feyer (the only definite synonym is "Epidemic

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

sequences (e. g. sepsis, tetanus) may be stated under the

Do not accept a certificate of death signed only by a

midwife.

head of "Contributory."

PLACE OF BIRTH STATE OF IDAHO In case of more than n order of birth stated DEPARTMENT OF PUBLIC WELFARE County of BURBAU OF VITAL STATISTICS OF CERTIFICATE OF BIRTH Registration District No.State File No. (If born in hospital or institu-Prim. Registration District No. 2085 Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD 4. Twin, triplet, or other..... 8. Premature __ 7. Legiti-[f plura] 8. Date of 3. Sex births hirth. meter 42 5. Number, in order of birth. Full term RECORD. 9. Full FATHER 18. Full MOTHER nama mailen name Cecele 10. Residence (usual place of shode) 19. Residence (usual place of shode) / PERMANENT each, and the (If non-resident, give place and States Vance (If non-resident, give place and State) 11. Color or racede | 12. Age at last birthday 4 (years) 20. Color or race (2) 21. Age at last birthday 19 (years) 13. Birthplace (city or place) Trus 22. Birthplace (city or place) (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner. of work done, as housekeeper. for sawyer, bookkeeper, etc typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which made work was done, as silk mill, o work was done, as own home. lawyer's office, silk mill, etc. sawmill, bank, etc. 25. Date (month and year) 26. Total time (years) spent දු last engaged in this work 17. Total time (years) spent 16. Date (month and year) must in this work of En in this work. 27. What prophylactic was used to prevent Ophthalma Neonatorum? UNITADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn (c) Herors Isbor months 29. If stillborn, or weeks 30. Cause of stillbirth.... period of gestation ... During labor CERTIFICATE OF ATTENDING PHYSICIAN I hereby certify that I attended the birth of this child, who I.m. on the date above stated. Hillborn) When there was no attending physician / (Signed) or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... chil Address (Date of) Filed. Registrar.

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DO NOT WRITE IN THIS SPACE

(If death occurred in a hospital or institution, give its name instead of street and number)

(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos.

MEDICAL CERTIFICATE OF DEATH

22 I HEREBY CERTIFY. That I attended deceased from

to have occurred on the date stated above, atm. The principal cause of death and related causes of impor-

Date of onset

Name of operation...... Date of......

What test confirmed diagnosis?.... Was there an autopsy?..

Accident, suicide, or homicide?..... Date of injury.., 193.

Where did injury occur?.... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury..... 24. Was disease or injury in any way related to occupation

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
	1 week ago
·	3 days ago
Other contributory causes of importance: Gastroenteritis	1 year
HER STATEMENTS BY PHYSICIAN	
	Other CONTRIBUTORY CAUSES of importance:

STATE OF IDAMO DEPARTMENT OF PURCE PROPERTY County of A BURGAU OF VITAL SPATISTICS City of The CERTIFICATE OF BIRTH Registration District No. (If born in kospital or institu-Prim. Registration District No. N. J. B. Local Registrar tion give name.) 2. FULL NAME OF CHILD 4. Twin, triplet, or ther..... 7. Legitiif plural 6. Premature.. 8. Date 3. Sex births 5. Number, in order of birth..... RECORD. Full term..... mete?/ 9. Full MOTHER FATHER 18. Full name maiden / name 10. Residence (usual place of abode) This Fally 3
(If non-resident, give place and state) 19. Residence (usual place of abode) (If non-resident, give place and State) I have talks 11. Color or race Thulf 12. Age at last birthday H. Lyears) 20. Color or race That 21. Age at last birthacy & (years 13. Birthplace (city or place) La Law (State or country) (State or country) 14. Trade, profession, or particular kind of work done, as spinner, 23. Trade, profession, or particular kind of work done, as housekeeper,// sawyer, bookkeeper, etc askeuter CUPATION 24. Industry or business in which 15. Industry or business in which made work was done, as silk mill, work was done, as own home. lawyer's office, silk mill, etc. Dun Romo sawmill, bank, etc. 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 25 yr in this work 19...... 19...... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Beturn 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 44. (b) Born alive but now dead.......(c) Stillborn. period of gestation..... months or week Before labor.... or weeks 30. Cause of stillbirth A 29. If Millborn. During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Attell beautiful Ast. m. on the date above stated. When there was no attending physician / or midwife, then the father, householder, etc., should make this return. Give name added from g Registrar.

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STATE OF IDAHO DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No... PHYSICIANS Registration District No 243 Local Registrar's No. Primary Registration stitution. We its name instead of street and number) 2. FULL NAME... (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Longth of residence in city or town where death occurred, yrs, mos, ds. How long in U. S., if of foreign birth? yrs. mos. ds. MEDICAL CERTIFICATE OF DEATE PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. Color or Race 5. Single, Married, Widow-ed or Divorced (write the 21. DATE OF DEATH (month, day and year) word) 22 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorce HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year to have occurred on the date stated above, atm. The principal cause of death and related causes of impor-7. AGE Years Months Dava If LESS than Date of onset 1 day.... hrs. or/.... min. 8. Trade, profession, or particular OCCUPATION kind of work done, as apinner, sawyer, bookkeeper, etc 9. Industry or business in which work was done, as silk mill, saw mill, back, etc..... 10. Date deceased last work. 11. Total time (years) spent in this occupation ... ed at this occupation Other contributory causes of importance: (mo. and yr.) 12. BIRTHPLACE (city or town (State or country) 13. NAME 14. BIRTHPLACE (city or town) What test confirmed diagnosis? Was there an autopsy? ... 52 (State or country) 23. If death was due to exter'l causes (violence) fill in also MOTHER the following: Accident, suicide, or homicide?...... Date of injury.., 193. 16. BIRTHPLACE (city or town) Where did injury occur?.... (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMAL public place. (Addces 18. BURIAL. Manner of injury.... OCCUP Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased? (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	-
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis ,	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

In case of more than n order of birth stated. 1. PLACE OF BIRTH STATE OF IDARS DEPARTMENT OF PUBLIC WELFARE County of Wash BURBAU OF VITAL STATISTICS City of Merch CERTIFICATE OF BIRTH No Welse Generales Northilal (If born in homital or institution give name.) Prim. Registration District No. 2//2 Local Registrar's No. 5/ 2. FULL NAME OF CHILD. -X. B. 4. Twin, triplet, or other......... 5. Premature... 7. Legitiff nlorel 8. Date of hov. 16 3. Sex 21/ ale births 5. Number, in order of birth.... Full term...X... mete? Llle RECORD. (Month. De MOTHER 9. Full 18. Full number name marvin Leslie Stront maiden name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) Weeser ...) PERMANENT (If non-resident, give place and State) William Man 11. Color or race What | 12. Age at last birthday J.Z (years) 20. Color or race White | 21. Age at last birthday 24 (years 22. Birthplace (city or place). Platia. Illinois 13. Birthplace (city or place). Pendleton Ocean. (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper. kind of work done as spinner. sawyer, bookkeeper, etc ... Farmer & Mchaelist typist, nurse, clerk, etc. Strusturfe ATION 24. Industry or business in which 15. Industry or business in which made work was done, as silk mill. work was done, as own home. lawver's office, silk mill, etc. sawmill, bank, etc..... 25. Date (month and year) 26. Total time (years) spent 2 16. Date (month and year) last engaged in this work 17. Total time (years) spent must See in this work in this work 10 Tresent Surse 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Libely ruleste FADING Return 1 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead.......(c) Stillborn...... Before labor..... months or weeks 30. Cause of stillbirth..... 29. If stillborn, period of gestation..... During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFF I hereby certify that I attended the birth of this child, who was Stilliana.atm. on the date above stated. When there was no attending physician ! or midwife, then the father, householder. etc. should make this return. Give name added from Address Wein Idaha a supplemental report..... Filed 193..... Registrar.

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STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN BUREAU OF VITAL STATISTICS County of RECORD. Every State File No..... City of Registration District No..... Primary Registration District No. 16/0 (No. (If death occupred in a hospital or institution, give its name instead of street and number) 2. FULL NAME..... Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH. 3. SEX 4. Color or Race | 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) / / //- 193 5 ed or Divorced (write the word) 22 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of I last saw h....alive on 193...: death is said 6. DATE OF BIRTH (month, day, and year) કે પ to have occurred on the date stated above, atm. The principal cause of death and related causes of impor-7. AGE Years Months Days If LESS than tance were as follows: Date of onset 1 day.... hrs. or min. 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc.... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) occupation 12. BIRTHPLACE (city or town) (State or country) SATHER 18. NAME Name of operation...... Date of...... 14. BIRTHPLACE (city or town) What test confirmed diagnosis?.... Was there an autopsy?... (State or country) DE 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 198. 16. BIRTHPLACE (city or town)... Where did injury occur?.... Ō (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) public place. WRITE 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased?. (Address) (Signed) .. (aserbhA) Registrar.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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EXAMPLE I		EXAMPLE II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	· · · ·
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3. Sex		4. Twin, triplet, or 5. Number, in order		Premature.	Y .	8. Date of birth	Hov. 8	198.4 (ear)
9. Ful nac	-	FATHER Ion		18. Full maide name	n Beatrice	MOTHER Bolingbr		
10. Res (If	idence (usual pl	ace of abode) 920 No ve place and State)Po	Lincoln	19. Reside	nce (usual place n-resident, give	e of abode)	920 No. Li tate) Posate	ncoli
13. Bir		12. Age at last birth place) Virginia	day. 27.(years)	20. Color	or race. White	21. Age at les	st birthdayZD	L (years
1	4. Trade, profess	sion, or particular done, as spinner, eeper, etc)r	23. T	sde, profession, work done, as pist, nurse, cler	housekeeper.	Housewife	
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28. Nu	nber of children	of this mother (At t (a) Born	ime of this birth alive and now	living1	(b) Born alive b	out now dead.	Q(c) Stillbo	orn1
29. If a	stillborn, lod of gestation	Ame months or weeks 30.	Cause of still	birthA.	Murra		Before labor. During labor	
I b	ereby certify tha	CERTIFICATE t I attended the birth		who was	tillon	A. m. on t	he date above	stated
\	Vhen there was	no attending physician ne father, householder	1	gned)	The Allers of Maline	igha	r¥	, M. D
Give n	ame added from	(Date of)	or Add	dress	reall	G J	Life	min will
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Mary Trong to common the under at mort. The same of the sa The season of the season of the TO THE STATE OF THE PART WITH WHITE WIND TO all colors than the first of the said the said whateh me is not be built on in figer that is an authorise to the transmission to an article and and the same and the first And the second control of the left of come in product of shift of the last of th Application of the second of t rivery true Brother work Marie 1 2 mark and major 12 d Constitute Banks and an electrical victor of the section The All Marine And Andrews of the Angree of and first structured and reserved to the most own control of the description of the The same of the sa The subsection of the subsecti Shire our winds whe because the property of the street where Militare and all as mile the cheer was not been the same with Water and a sent of treat of treats commend of the bearing. most both both series Course Recognition . 144

O Pl	LACE OF DEA	k	DEPARTME BUREAU	TATE OF II INT OF PUE J OF VITAL	LIC WEI	ICS	DO NOT	WRITE IN	91206°	;
3 ∥ '	of Pocate	110	CERTIFI	CATE (OF DE	CATH	State File	No		
	(I f deat	P	rimary Regis	tration Distri a tello	t No Gener	al Ho	spital	gistrar's No	240	*****
2. F	ULL NAME	T P.	int Law	son	······		or street and	number)	7	
11	a) Residence. (Usual place th of residence in c	of abode)	Pocatel	********************************	ho. mos. ds.	(If nonre	Stsident give of in U. S., if of i	ity or town foreign birth	and state) ? yrs. mos.	ds.
	PERSONAL AN					MEDIC	AL CERTIFI	CATE OF D	EATH	
2. SI			ed or Divorc	rried, Widow ed (write th	21. DA	E OF DE	ATH (month,	day and ye	adv. 8	934.
5a.]	If married, widov		ced	ngle	22. I H	718	193.4., t	· Mod.	ed deceased fr	4
6. D	NOVEMENT NOVEMB	(month. day.) 	and year)	1934.	to have	occurred	on the date	stated above	e, at	n.
7. A	GE Years	Months	Days	If LESS tha	- 11	incipal ça ı : were as		and related	Date of on	
1 6	O B. Trade, profession kind of work of sawyer, hookke	done, as soir	iner. 37	or mi	11	ftel	form			
2	Industry or bus work was done saw mill, bank	siness in whi as silk mill	leh I. I	nfant						
3330	10. Date deceased ed at this (mo. and yr.).	occupation	spent in th occupation	is	Othe	r contribu	tory enuses 0	f importance	:	
	BIRTHPLACE (c (State or cou	ntry)	Poca I	tello, dano.	-					
FATHER	13. NAME	Rufus	Lawson		Name				Date of	
	14. BIRTHPLACE (State or c		$^{\mathtt{nu})}\cdots \cdots \mathtt{\Lambda}$	irginia.	What	est confir	ned diagnosis	? Was tl	nere an autops:	y?
	15. MAIDEN NAM			lingbroo	Kil the	following			olence) fill in e of injury,	
MO.	16. BIRTHPLACE (State or c	ountry)		Idaho.	Where	did inju ()	ry occur? Specify city o	r town, cour	nty, and state)	••••
17.	INFORMANT (Address)	Rufus Poce	Lawso		.				try, in home, o	
18.	BURIAL, CREMA	TION OR R	EMOVAL		Manne Nature	r of injur	r y			
19.	UNDERTAKER (Address)	Arthu Pod	r W. H.	all Oldaho.	24. Wa	s disease ceased?	or injury in	any way rel	ated to ecupa	tion
20.	FILE NOV. 8,	, 193	N. VA	Registrar.	· (S	(Address	Poca	tel1/6,	Idaho	. D.

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired both business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Ouestion 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

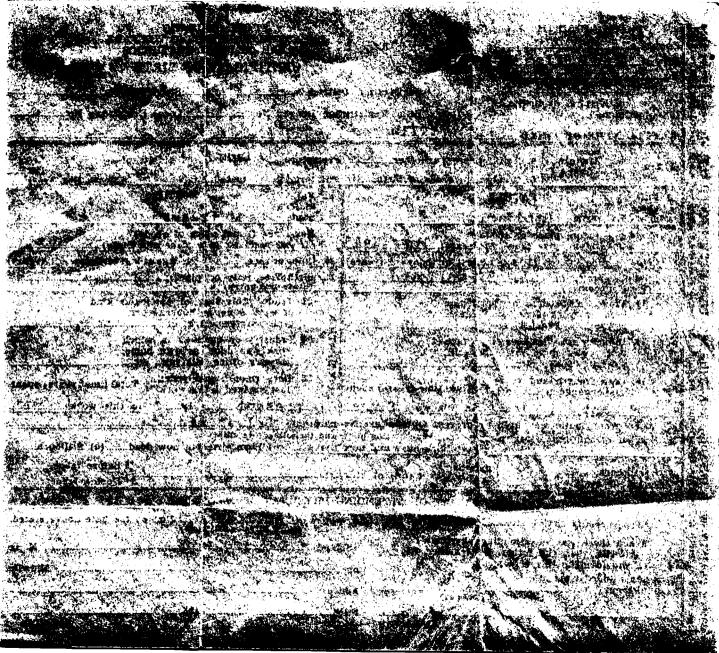
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	#	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	
	~		

236-122-003-691 PLACE OF BIRTH STATE OF IDAHO County of Bannock In case of more the n order of birth states RIMENT OF PUBLIC WELFARE OFFICE OF VITAL STATISTICS City of Pocatello CERTIFICATE OF BIRTH No St Anthony SL Mercy Hospital Registration District No. State File No. (If born in hospital or institu-Prim. Registration District No. 2/6/ Local Registrar's No. 55 tion give name.) Stillborn Stoddart 2. FULL NAME OF CHILD N. B.-8. Date of 12/22/ 7. Legiti-[f plural 4. Twin, triplet, or other.......... 8. Premature... 3. Sex birthe 1818 5. Number, in order of birth.... Full term... mate!...V.& RECORD. 9. Full 18. Full MOTHER PATHER maiden Dame Joseph Stoddart **Prasure** name Mae. 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Fort Hall (If non-resident, give place and State) FORT HEL PERMANENT 11. Color or race...W. | 12. Age at last birthda 30 (Years) 22. Birthplace (city or place)... Harold Kentucky. 13. Birthplace (city or place) Farth. Lasho (State or country) (State or country) each, 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper. kind of work done, as spinner, typist, nurse, clerk, etc. H.W. sawyer, bookkeeper, etc Farmer OCCUPATION 15. Industry or business in which 24. Industry or business in which be made work was done, as own home. work was done, as silk mill. lawyer's office, silk mill, etc. Home 25. Date (month and year) 26. Total time (years) spent Date (month and year) last engaged in this work 17. Total time (years) spent must in this work... I3mo present in this work I2yra present 19..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Salver Nitrate UNIFADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead......(c) Stillborn....I. Before labor..... months ' or weeks 30. Cause of stillbirth. 29. If stillborn. During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR THE 10.26 A M date above stated. I hereby certify that I attended the birth of this child, who was Stillborn Altro or Hill WRITE PLAINLY One child at birth When there was no attending physician ! (Signed) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report.....(Date of) Rekistrar.

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PLACE OF DEATH shoul DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE statement BUREAU OF VITAL STATISTICS County of. CORD. Every PHYSICIANS State File No..... Registration District No.... Primary Registration District No. Local Registrar's No... RECORD (No. (If death occurred in a hospital or its nameliastead of street and number) 2. FULL NAME. Residence. No..... PERMANENT EXACTL (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widow. ed or Divorced (write the 21. DATE OF DEATH (month, day and year) 1934 word) 22, I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced 1934 to Dec. HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) I last saw h...alive on 193...: death is said to have occurred on the date stated above, atm. 7. AGE Years Months Days The principal cause of death and related causes of imporf LESS than tance were as follows: 1 day.... hrs. 0 ٥ or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work- 11. Total time (years) at this occupation spent in this Other contributory causes of importance: (mo. and yr.) occupation . 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHP E (city (State What test confirmed diagnosis?.... Was there an autopsy?. **L country) DE 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: phods Accident, suicide, or homicide?..... Date of injury... 193. OF 16. BIRTHPLACE (city or town) Where did injury occur?..... state CAUSE O OCCUPATION (State or country) (Specify city or town, county, and state) CAUSE 17. INFORMANT Specify whether injury occurred in industry, in home, or in nformation (Address) WRITE public place. 18. BURIAL, CREMA Manner of injury...... Date..... 193... Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER (Address) of deceased?.... (Address) Pocatelly Registrar

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees." "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

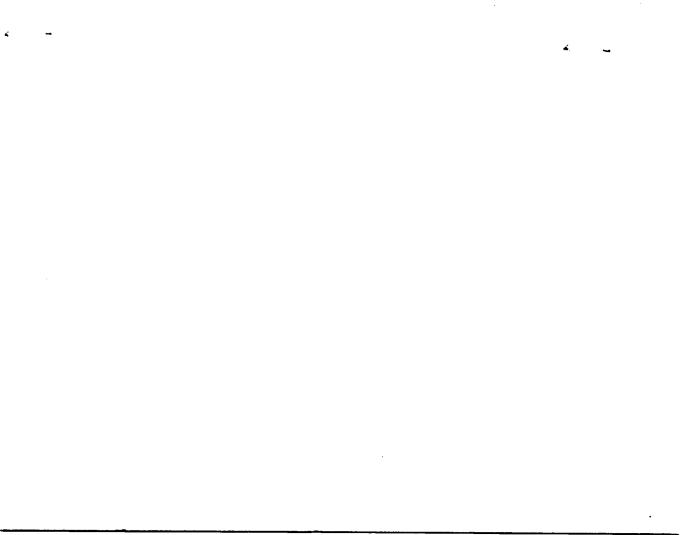
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenier, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or Injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

RECORD be made for OF PUBLIC WELFARE 227660 County of VITAL STATISTICS City of.... CERTIFICATE OF BIRTH PERMANENT RETURN must Registration District No. State File No. (If born in hospital or institution Local Registrar's No. Prim. Registration District give name.) FIILL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child) Number Twin Date of Sex of Ma Legiti-/ Triplet in order birth or other? mate? (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth-Born slive and now living Born alive but_now dead Stillborn MOTAER FULL MATDEN FULL NAME .IL Residence (Usual blace of abode) Residence (Usual place of abode) child If nonresident, give If nonresident, give Color or rac Age at last Birthda Color or race one (Years) Birthplace Birthplace (City and State or Country) Occupation Occupation ...Q RTIFICATE OF ATTENDING PHYSICIAN I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) *Where there was no attending physician or midwife, then the father, householder. (Physician o WRITE B-In etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth. Registrar



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		LIC WELFARE DO NOT WRITE IN THIS SPACE
e E	County of Per Lake BUREAU OF VITAL S	
of on	CERTIFICATE O	
it al	// 1008104104111 2404110 4101	57
H SZ E	Primary Registration Distri	ct No. Local Registrar's No.
TA I	O (No. /	1
SICIA.	(If death occurred in a hospital or institution,	give its name instead of street and number.)
RECORD HYSICIA xact state	2. FULL NAME Daby Junich	g
RI PH Bxs	(a) Residence. No	d 94 St.
E.	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
VE.Y.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MAN MAN ACTL	3.SEX 4. COLOR OB RACE 5. Shale, Married, Widowed, or Divorced (write the world)	21. DATE OF DEATH (month day, and year) /2 - J = 1935
	male White Till Som dufaut	22. I HEREBY CERTIFY, That I attended deceased from
DER EX ele	5a. If maried, widowed, or divorced	, 193, to, 193
BIN A P lated perly rtifica	(or) WIFE of till Born Sufant.	I last saw halive on, 193: death is said
S S S S S S S S S S S S S S S S S S S	6. DATE OF BIRTH (month, day, and year) /2 75= 34	to have occurred on the date stated above, atm. The principal cause of death and related causes of importance
S I S I be a f or	7. AGE Years Months Days If LESS than	were as follows: Date of onset
HIII HIII Id be	the Pon - 1 day,hrs. or min.	Att 00 Bree Sect
-T -T hou ay ay	8. Trade, profession, or particular	Dans undergon - 7ms
RA E E	kind of work done, as spinner, sawyer, bookeeper, etc.	acco untimental - free
SE	9. Industry or business in which work was done, as silk mill, little work was done, as silk mill, little work was done, as silk mill, little work was done, as silk mill, little work was done, as silk mill, little work was done, as silk mill, little work was done, as silk mill, little work was done, as silk mill, little work was done, as silk mill, little work was done, as spinner, was done to be a second with a second was done to be a second with a second was done to be a second with a second was done to be a second was done to	Goldin .
RES NG A A tha tha	saw mill, bank etc.	Other contributory causes of importance:
N 10 9d .		V
GII plic	year) occupation	
IARC UNF supp terms	12. BIRTHPLACE (city or town) (State or country)	
MAZ M	13. NAME Olifford forskie fruit	Name of operation Date of
t i i i	13. NAME Obford forskie from the 14. BIRTHPLACE (city or town) Morelfold of Co.	What test confirmed diagnosis? Was there an autopsy?
WIT arefu plai	(State or country)	23. If death was due to exter causes (violence) all in also the following:
ILY, V I be ca I'H in import	15. MAIDEN NAME // Enda Van Orman	Accident, suicide, or homicide? Date of injury, 193
A P P I I I I I I I I I I I I I I I I I	15. MAIDEN NAME / Crdq Van Ormon 16. BIRTHPLACE (city or town) Montpelier (State or country)	Where did injury occur? (Specify city or town, county, and State)
	(State or country)	Specify whether injury occurred in industry in home, or in public
LAI shou DE,	17. INFORMENT ON OTHER	place,
A HO I	(Address) Monthales	Manner of injury
RITE rmatio JSE O	18. BURIAL, CHEMATHON, OR REMOVAL	Nature of injury
VRITI ormati USE (TION	19. UNDERTAKER altrations	24. Was disease or injury in any way what di to occupation of deceased?
CA CA	(Address) Montpaley Vica	If so, specify
	20. FILED 12/25/1984 Holling	(Signed) Moulhette the M. D.
ż	Neg iştrar.	(Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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1	EXAMPLE II		
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year	
FOR FURTH	ER STATEMENTS BY PHYSICIAN		
	1915 1921 July 5, 1927 May 1, 1923	Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis Other CONTRIBUTORY CAUSES of importance:	

PLACE OF BIRTH RECEIVED MAN 7 -In case of more than in order of birth stated. A STATE OF IDAHO EMPORINT OF PUBLIC WILLPARING County of Fort Hell Reserve BURBAU OF VITAL STATISTICS City of Fort Hall CERTIFICATE OF BIRTH No. Agency Hospital St. Hospital Registration District No. 121-R State File No. (If born in hospital or institu-Prim. Registration District No. 2194-R. Local Registrar's No. 565 tion give name.) 2. FULL NAME OF CHILD No name isomo N. B. (f plura) 7. Legiti-4. Twin, triplet, or other......... 8. Premature..... 3. Sex 8. Date of birthe birth mate Yes Full term X number of Male 5. Number, in order of birth.... (Month, Day, Year 9. Full FATHER 18. Full MOTHER . name maiden William simo Helen Monroe name 10. Residence (usual place of abode) Fort Hall, Idaho 19. Residence (usual place of abode) Fort Hall, Idaho PERMANENT (If non-resident, give place and State) 20. Color of Pace. | 21. Age at last birthday 25...(years) 12. Age at last birthday 26 years) 13. Birthplace (city or place) Fort Hall, Idaho 22. Birthplace (city or place) Browning, Mont. (State or country) (State or country) each. 14. Trade, profession, or particular parmer 23. Trade, profession, or particular kind sawyer, bookkeeper, etc

Industry or business in which own farm work was done, as silk mill, sawmill, bank, etc.

Date (month and year) last engaged in this work | 17. Total time (years) spent kind of work done, as spinner, of work done, as housekeeper, Housewife OCCUPATION typist, nurse, clerk, etc. 15. Industry or business in which own farm 24. Industry or business in which Own home be made work was done, as own home. lawyer's office, silk mill, etc. 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) INK-1.54 Dec -in this work.... Dec.-19..... in this work 5 WITH UNFADING (a) Born alive and now living O....(b) Born alive but now dead...I...(c) Stillborn..I.... Probably congenital or weeks 30. Cause of stillbirth Syphill During labor..... months Before labor..... 29. If stillborn. period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Stillborn at 9:Am. on the date above stated. WRITE PLAINLY One child at birth When there was no attending physician / 2000 (Signed) or midwife, then the father, householder, etc. should make this return. or Agency Physician Midwife Give name added from Fort Hall. Ideho Address Jan. 5, 1955 Registrar.

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Professional temporal and the profession of the contract of th

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N. B...-WRITE PLAINLY, WITH UNFADING INK..-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH PLACE OF DEATH Unity of Fort Hall Reservation Type of Fort Hall	LIC WELFARE DO NOT WRITE IN THIS SPACE STATISTICS. 91631
Registration District No	≧I-R
Primary Registration Distric	
	al)
(If death occurred in a hospital or institution, g	ive its name instead of street and number)
Company Port Well Ideho	St
(Usual place of abode)	(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. Color or Race 5. Single, Married, Widow. Shoshone ed or Divorced (write the	21. DATE OF DEATH (month, day and year) Dec. 2493
Male Bannoek Nord Single	22 I HEREBY CERTIFY, That I attended deceased from
a. If married, willowed, or divorced HUSBAND of	Dec. 24 , 1934 , to Dec. 24 , 193
(or) WIFE of	I last saw h. inastillborn, 193: death is said
DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at 9.14m.
AGE Years Months Days If LESS than	" my
1 day, hrs	tance were as follows: Date of onset
8. Trade, profession, or particular	
kind of work done, as spinner.	
sawyer, bookkeeper, etc	Probably congenital syphilis.
work was done, as silk mill, saw mill, bank, etc	
10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this (mo. and yr.)	Other contributory causes of importance:
2. BIRTHPLACE (city or town). Fort Hall, Idaho (State or country)	
13. NAME William Edmo	Name of operation Date of
14. BIRTHPLACE (city or town) Fort Hall, Idaho (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Helen Monroe _	23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193.
16. BIRTHPLACE (city or town) Fort Hall ide	7771 - 34.3 Auduma accum9
T. INFORMANT Helen Edmo	Specify whether injury occurred in industry, in home, or in
(Address) Port Hall Table	public place
8. BURIAL, CREMATION OR REMOVAL Place. Butte. Com. Date Dec. 24 194	Manner of injury
Laster Remarket	Nature of injury
9 UNDERTAKER Agency Carpenter (Address) Fort Real a Idaho	of deceased? If so specify
Jan. 5, 1935, Mr. Walus & Law	(Signed) d. W. // Cook M. D.
Registrar.	(Address) Fort Hall, Idaho,

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

FYAMPIE I

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

DARMI ED 1		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of ouse
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL CDACE	EOD EUDE		
ADDITIONAL SPACE	FUR FURIF	IER STATEMENTS BY PHYSICIAN	
	·		

PLACE OF BIRTH in order of birth stated. County of Sund poi ENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH (If born in hospital or institu-Prim. Registration District No. 2155 Local Registrar's No. tion give name.) born lacabean 2. FULL NAME OF CHILD each. [f plura] 4. Twin. triplet, or other.... 3. Sex hirthe RECORD. Mal 5. Number, in order of birth. Full term..... mate?..... 9. Full FATHER MOTHER 18. Full and the number maiden name Helen Marie Hoiseth name Joseph Archie Jacobson 10. Residence (usual place of abode) Kootemai Kootenai 19. Residence (usual place of abode) PERMANENT each, and the 11. Color or race. Whal tie 12. Age at last birthday. Q.O. (years) 20. Color or race....Wh. i | M. Age at last birthday. 24... (years) 13. Birthplace (city or place).....Cando...North...Dako. 82. Birthplace (city or place)....Alberts...Canada..... (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeperHOUSekeeper kind of work done, as spinner, sawyer, bookkeeper, etcRelief...Worke typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which be made work was done, as own home, Own home lawyer's office, silk mill, etc. Own home work was done, as silk mill, Road Work sawmill, bank, etc. Relief Road Work 25. Date (month and year) last engaged in this work 26. Total time (years) spent Date (month and year) last engaged in this work 17. Total time (years) spent must Dec. 26th. 184 in this work 5 Dec. 29th 19 34 in this work6Mos. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNITADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead......(c) Stillborn Four Before labor..... 8th Monthmonths Separate During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE P. I hereby certify that I attended the birth of this child, who was Stillborn 3... 5 on the date above stated. When there was no attending physician / Trans or midwife, then the father, householder, etc., should make this return. Give name added from child a supplemental report..... (Date of) Registrar. A 12 19 7 9 3 18

PLACE OF BURDE. DE TUBLE WHEN AND THE STATE OF T HY HER AT CLASS THE FE in itention Thereigh No. Print hegistration that slow Mr. Dr. freman it was triple or other as tremainer. "Transfer in orthor of birth Full serm MOTHER mahlan , wahian alle Cost Confined (1802) place of about) the termination The Leading of Course rates of about 19 (It best to the place and Blace) Me more political, give place and stated the strate of the strategy of The on the SI'm is seen but without determined to the company off day in this or places it that he that 1119 CO TO 1119 ear Trade, profession or particular bind Le Tribe unobonedon, or partirelar the same point of the same word forth as bound out in tivities autem cherte, etc. M. Andredry or business in which industry on hosioors in which work was done as own hours nuck this cone on the total And Article Street Street the man shape Manual to twice in with said results but time remini at the transfer to the the comment in the work of Total title transaction of when the state of ther propheting was night to properly frequencies and a trought country of things of a trought country. (a), Hern why, and now wing , (ii) hern also het now doed ... (c) Million ment signal all start Language THE PARTY OF THE PARTY THE WORLD CAUSE OF STURES. polist encount to action of the section CHALLING SALENDING HOUSE, TWO WAS THE TANKER. ested on the date outre states course curic that Extrepaid the strue of this curic, who was stated distribution and the world works ()的基础() multiple the taller butter, butte muries with make the reputs THAT LEADY DIESE SHILL Mar Incomplete s The Met. 12:21

100 TATE OF IDAHO PLACE OF DEATH T OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL-STATISTICS CATE OF RECORD. Every State File No..... Registration District No......78 Primary Registration District No. 2/55 Local Registrar's No. //3 (If death Ocurred a hospital or institution, give its name instead of street and number) 2. FULL NAME. (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. Single, Married, Widow. Color Race 21. DATE OF DEATH (month, day and year) /2/3 a 1934 ed or Divorced (write the word) HEREBY CERTIFY, That I attended deceased from 5a. If married, widowedoon HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 30 to have occurred on the date stated above, atm. The principal cause of death and related causes of impor-Months Days. If LESS than tance were as follows: 1 day.... hrs. Date of onset or min. Sacut Prairie 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill. bank, etc.... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) occupation ... 12. BIRTHPLACE (city or town (State or country) 13. 1 Name of operation...... Date of...... BIRTHPLACE (city or What test confirmed diagnosis?.... Was there an autopsy?.. (State or country) MOTHER 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. Q F 16. BIRTHPLACE (city or tow Where did injury occur?..... (State or country) (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address public place. 18. BURIAL, CREMATION Manner of injury... Nature of injury... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER (Address) of deceased?.. (Signed) 20. FILED. & an. .

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To be complete, an occupation return must state:

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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH In case of more than in order of birth stated. STATE OF IDAHO DIPROTURNT OF PUBLIC WELFARE County of Sand soint BURDAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Parmell Hospital State File No. (If born in hospital or institu-Prim. Registration District No. 2155 Local Registrar's No. 1 6.3 tion give name.) 2. FULL NAME OF CHILD. St born Jacobson Premature. Legiti-N. B.— [fplural 4. Twin, triplet, or other. 8. Date births 5. Number, in order of birth Full term RECORD. 9. Full FATHER 18. Full MOTHER name maiden Joseph Archie Jacobson Helen Marie Hoiseth name 10. Residence (usual place of abode) Kootenai 19. Residence (usual place of abode) Kootemai PERMANENT each, and the 1 20. Color or race...Wh.i t. 21. Age at last birthday... 24. (years) 22. Birthplace (city or place)...Albanta....... 13. Birthplace (city or place) Cando North Dak. (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper. Housekeeper kind of work done, as spinner, sawyer, bookkeeper, etcRelief Labor.... INK-THIS IS A must be made for typist, nurse, clerk, etc. 24. Industry or business in which 15. Industry or business in which work was done, as own home lawyer's office, silk mill, etc. Own home work was done, as sik mill Road Work sawmill, bank, etc. Relief Road Work 25. Date (month and year) last engaged in this work 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent IN Dec. 26th/ 1934 in this work 5...... Dec. 30th, 1934 in this work 6Months 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNFADING WITH UNFADING a Soparate Betarn 28. Number of raildren of this mother (At time of this birth and including this child) Before labor for weeks 30. Cause of stillbirth Placents Practice | During labor | months 29. If stillborn. period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was (Stillboune) **3Pm**. on the date above stated. 4 PLAINLY d at birth When there was no attending physician / or midwife, then the father, householder, etc. should make this return. Give name added from One child a supplemental report (Date of) Registrar.

THE TO STANDED Contraction of the contraction of the contraction of trum the artifold Depart on the second on the The state of the s Little to rather of trademic SHEET SECTION SHEET AND NEWSCHOOL BEAUTI Landrace founds place of single twinester power place of shoules if an hedden, alve place and blate). La de la company Color of race 25 f well her alian harrades what in the deal is a second of the party of Bitthpiano totte or plant distribution them sor splaced a significant of the College 70 san 21 IF Trade profession of particular kind influences to uniquestry, the total of work case, he housekeeper renging the west allow to fline was a second bad brown Upper, more about select tourse of methers it was change of the same to which line dies as an are are and Appendix of the state of the st the lines of the state of the s Day M. Control of the And the first of the state of t mandenning manufact language of point som Albachagand took (Charles) . Leade were the wine with the said th to be the state of THE BY MAINTEN meni manaki b COLUMN R. IN DULL IN COMMITTED AT THE STATE OF THE SERVICE OF THE STATE OF THE SERVICE the delivery expects that it accorded to both of this cutted, who was wis awar date and an inwith their new me neverther party but THE COURT PROPERTY AND THE PROPERTY AND THE PROPERTY. white white with the restrict fill it want added turn

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MARGIN RESERVED FOR BINDING WITH UNFADING INK.--THIS IS A PERMANENT RECORD. Every item of

RECEIVED MAN 7 198	<u>5</u>
PLACE OF DEATH DEPARTMENT OF PU County of Landford BUREAU OF VITAI	BLIC WELFARE DO NOT WRITE IN THIS SPACE 91656
CERTIFICATE CERTIFICATE	OF DEATH State File No
Registration District No	76
Primary Registration Distr	tot No. 2.155 Local Registrar's No
(If death occurred in a hospital or institution,	give its pime instead of street and number)
2. FULL NAME	LV C
(a) Residence. No. (Usual place of abode) Length of residence in city or town where death occurred. yrs.	St. (If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos. d
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color of Race 5. Single, Married, Widov ed or Divorced (write the	21. DATE OF DEATH (month, day and year)
famile widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased fro
HUSBAND of (or) WIFE of	Cle. 3. U 1933 7 to Cle. 3 U 198 A
6. DATE OF BEATH (month day, and year)	I last saw halive on The last saw halive on the date stated above, atm.
7. AGE Years Months Days If LESS the	The principal cause of death and related causes of impo
1 day, h	11
8. Trade, profession, or particular kind of work done, as spinner.	- Placeta Praera
9. Industry or business in which	· · · · · · · · · · · · · · · · · · ·
work was done, as silk mill, saw mill, bank, etc	in I the month
O 10. Date deceased last work. ed at this occupation (mo. and yr.)	Other contributory causes of importance:
12. BIRTHPLACE (city or town) Sandfornt	
State or country)	
HI THE PARTY OF TH	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Velex Youth 16. BIRTHPLACE (city or town)	23. If death was due to exter'l causes (violence) fill in all the following: Accident, suicide, or homicide? Date of injury 18
5 16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT And Address)	Specify whether injury occurred in industry, in home, or public place.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Laker Date ! 198	
19. UNDERTAKER	of deceased? it to procite for the state of the stat
20. FILER an. 1, 198.5 Viola alle	(Signed) M.
Hegistrar.	(Address) Jan sign was

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH N. B.—In case of more than each, in order of hirth stated T OF PUBLIC WELFARE County of Danney City of Jana CERTIFICATE OF BIRTH Registration District No. 75 State File No. (If born in hospital or institu-Prim. Registration District No. 2/53 Local Registrar's No. tion give name.) OLL 2. FULL NAME OF CHILD That 7. Legiti-Date of If plural 3. Sex birth.... births 5. Number, in order of birth..... Full termile mete?/. RECORD. 18. Full MOTHER FATHER 9. Full name M maiden name 19. Residence (usual place of abode) 406 V40577. ELLA 10. Residence (usual place of abode) (If non-resident, give place and State) Landfalling TXT the (If non-resident, give place and State) Danclaint 20. Color or race. V.V. | 21. Age at last birthday. / 6 (years) 11. Color or race VV. | 12. Age at last birthday 2.5. (years) PERMAN; each, and 13. Birthplace (city or place) Sand hoint 22. Birthplace (city or place) ELTOLYA (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, Housewell, typist, nurse, clerk, etc. Housewell. kind of work done, as spinner, for sawyer, bookkeeper, etc Truck driver 24. Industry or business in which 15. Industry or business in which made work was done, as own home, work was done, as silk mill, THIS sawmill, bank, etc. meat marivet lawyer's office, silk mill, etc. 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent 2 last engaged in this work 19..... in this work...... Werking how, 19..... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 77.22. UNFADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. D. (b) Born alive but now dead. (c) Stillborn. Before labor.... or weeks 30. Cause of stillbirth. Fra Langed did 29. If stillborn. During labor LLC.C. period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE Hm. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician / or midwife, then the father, householder, etc., should make this return. Give name added from Address Sandpoint Ld2 a supplemental report..... chil (Date of) Filed..... Registrar. Registrar.

ET PRESTANTA LESS TO SERVICES THE DISTRICT OF THE PARTY OF TH The state sales and the sales are The color of the second 10 96 (1)2 distinct in order of the law. the labor's to saving language and the and the inventor of the state of shorter (If hose restrictions sive visco and thate See Mary State of the Court of the see of the Acces less bires The Culture of Custon the season of the Lincoln of the state of the state of Little Landerso with many CHANGE STATE tradic posterior of particour sign the political and home party of the in mutet diene, ne dennentener durit deue as enture ole Auno Seina Inier. hi directly one second conditioned in deliner or bostones in which LAND OF THE PARTY OF THE PARTY OF The constitution of the specific state of the exception appending the little factory and fact, in freelight franchisting the aron Talks of The formatte and the fact the state of the s the sale of the sa the title and man shaper to en stock take the new death at 100 at the con-CHARL MANUE descent in Canada at Callette and a contract of MANAGERY DE WARREN PROCESSOR AND DESCRIPTION OF THE PROPERTY O DULLER AND THE TRANSPORT TO the same property in the same with the same of the same same Annie Maria Maria de la companie de

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pulsal being mener wyld.

MARGIN RESERVED FOR BINDING

B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

TECEIVED IAM 7 MOR	
PLACE OF DEATH DEPARTMENT OF PUBL	IC WELFARE DO NOT WRITE IN THIS SPACE
County of County	EO WEDIERRE
County of June 1 CERTIFICATE O	F DEATH State File No. 91658
City of Sandpoint	State File No.
Registration District No	
Primary Registration District	No. 2186 Local Registrar's No. 110
(No. Parnell	He lital
(If death coeurred in a hospital or institution, giv	e its name instead of street and number)
2. FULL NAME MALE ALL Stea	200
(a) Residence. No	
(Usual place of abod y)	(If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs.	nos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widow-	21. DATE OF DEATH (month, day and year) Dec. 28193 4
ed or Divorced (prite the word)	
5a. If married, widowed, or divorced	22 I HEREBY CERTIFY, That I attended deceased from
HUSBAND of (or) WIFE of	, 193, to, 193
6. DATE OF BIRTH (month, day, and year)	I last saw halive on, 193: death is said
Dec. 28, 1934	to have occurred on the date stated above, atm. The principal cause of death and related causes of impor-
7. AGE Years Months Days If LESS than 1 day,hrs.	tance were as follows:
or min.	Ct//DOT//
8. Trade, profession, or particular	
kind of work done, as spinner, snwyer, bookkeeper, etc	Was 1989
9. Industry or business in which work was done, as silk mill.	100
saw mill, bank, etc	011/080// 2/1
10. Date deceased last work 11. Total time (years) ed at this occupation spent in this	Other and the second second
(mo. and yr.) occupation	Other contributory causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME William Stea	Mad a
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed the was there an autopsy
15. MAIDEN NAME // La Contraction	23. If death was due to exter'l causes (violence) fill in also the following:
E THE MANE WELLEN GREGING	Accident, suicide, or homicide? Date of injury, 193.
16. BIRTHPLACE (city or town). Elmina	Where did injury occur?
N 10'	(Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in
17. INFORMANT V. Clarence (Address)	public place.
18. BURIAL, CREMATION OR REMOVAL La faview Con	Manner of injury
Place Sandpoint dag Date he C. 20, 1934	Nature of injury
19 UNDERTAKER _ Ja Ja Jacob	24. Was disease or injury in any way related to occupation
19. UNDERTAKER (Address)	of deceased?
20. FILED Dec 3 D 193 4 Viola allen	(Signed) M. D.
Registrar	(Address)
	LAT!

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at-school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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EXAMPLE 1

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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year		
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN			

RECEIVED INN 7 PLACE OF BIRTH STATE OF IDAHO County of Baneuille DEPARTMENT OF PUBLIC WELFARE BURNAU OF VITAL STATISTICS City of Idaha Falls CERTIFICATE OF BIRTH No 178 Whittier A each, in order of Registration District No. State File No. (If born in hospital or institu-Prim. Registration District No. 2/1/0 tion give name.) Local Registrar's No. 2. FULL NAME OF CHILD If plural 14. Twin, triplet, or other 6. Prematureles 7. Legiti-8. Date of births birth...L 5. Number, in order of birth.... ð Full term..... mate? Mes 9. Full FATHER number 18. Full MOTHER name maiden Allan Kay Messinger Edwina Maude name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State)/78 Whittier (If non-resident, give place and State) 178 W 11. Color or racelline 12. Age at last birthday. 40 (years) 20. Color or race Late 21. Age at last birthday 35 (years 13. Birthplace (city or place) Spences (State or country) (State or country) new york IPPINOIS 14 Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as epinner, sawyer, bookkeeper, etc of work done, as housekeeper, House wife 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, F.E.R.H. work was doze, as own home, lawyer's office, silk mill, etc. Alex house 2 16. Date (month and year) 25. Date (month and year) also engaged in this work 26. Total time (years) spent last engaged in this work 17. Total time (years) spent must Present times Present time in this work _____ in this work 15 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. 6. (b) Born alive but now dead. O. (c) Stillborn. WITH UNF months 29. If stillborn. period of gestation (c. Mar. or weeks 30. Cause of stillbirth/re-cellentic texencia. Before labor X During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was tell baren on the date above stated INLY When there was no attending physician / or midwife, then the father, householder, child etc. should make this return. Give name added from a supplemental report..... Registrar.

AND PROPERTY OF THE PARTY OF TH THE PERSON NAMED IN THE PE The same of the sa the state of the s ... ucrou, trick STOP . LE ALTERNATION TO THE PARTY NAMED IN Settle County of the State of A STATE OF THE PARTY OF THE STATE OF THE STA state the control of the state of The same is a supplied to the same and the s 22 - Edward Plants (1984) on the state of th The state of the second colored to have an about The production of the party of the party of A Bridge of Anna Story the delication of the section of the the state of the s 本的本格。1200年的1000年,1000年 that the manth it is a property THE WASHINGTON TO MENSHIT IT. A THE TO STATE OF THE PARTY OF Same Con Super States and the finds to the season of the statement The course of the second of th A STATE MILE . the property of the property and the property and the property of the property The filling and the first of the second of t the thirty was hard man it the print all the part come count (a) callforner E goden s bank the state of the s THE WARRENCE ! CHARLING THE PARTY OF THE STATE some new builds will be dittle and being the rest the obtain when you STATE FAIRLY STATE AND AND The state of the second state of the second THE PARTY OF THE P Million to the state of the second the strate state their white wind after the freme Chem eff

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should bent o		IC WELFARE DO NOT WRITE IN THIS SPACE
	County of PARAGE WILLIAM CEDTIFICATE	E DEATH
Exact stater	City of	1 2
t st	Registration District No	
	Primary Registration District	No. Local Registrar's No.
	(No	e its name instead of street and number)
	2. FULL NAME Stiff birth - Messe	noer 208
	(a) Residence. No. 178 Whittier (Usual place of abode)	St.
	Length of residence in city or town where death occurred, yrs, n	(If nonresident give city or town and state) nos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. Color or Race 5. Single, Married, Widow-ed or Divorced (write the	21. DATE OF DEATH (month, day and year) 193
	Male White word) Since	22. HEREBY CERTIFY, That I attended deceased from
	HUSBAND of (or) WIFE of	Nec 16 , 1934 to Dec 16 1934.
	6. DATE OF BIRTH (month, day, and year)	I last saw hallve on with 193: death is said to have occurred on the date stated above, atm.
!	7. AGE Years Months Days If LESS than	The principal cause of death and related causes of impor-
5	(Stillbirth) 1 day, hrs.	tance were as follows: Date of onset
	8. Trade, profession, or particular kind of work done, as spinner,	Malernal Treeclamphe Jafemen 2 w
	sawyer, bookkeeper, etc	6 mo Destallion
	work was done, as silk mill,	
	10. Date deceased last work- ed at this occupation spent in this	Other contributory causes of importance:
	(mo. and yr.) occupation	Other continues, charts of the property of the
	12. BIRTHPLACE (city or town). Lan	
	13. NAME Ollen Ray Messinger	7,,,,,
	14. BIRTHPLACE (city or town) 2. 2.n.c.e.v	What test confirmed diagnosis? Was there an autopsy?
	(State or country) new york	23. If death was due to exter'l causes (violence) fill in also
	15. MAIDEN NAME Edwing Maude Forter	the following: Accident, suicide, or homicide? Date of injury, 193.
	16. BIRTHPLACE (city or town)	Where did injury occur?(Specify city or town, county, and state)
	17. INFORMANT alley hay messinger	Specify whether injury occurred in industry, in home, or in
	(Address) Idaho Faffs, Idiho 18. BURIAL, CREMATION OR REMOVAL	public place. Manner of injury
	Place Idaho Fall, Idaho Date 12-1.6-, 1984	Nature of injury
	19 UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
	(Address) 20. FILED 12/2 7, 193. * Therefore	(Signed)
	20. FILED. Registran	(Address) Addits Falls, Add

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	i 	
	7 ————————————————————————————————————			

Ci No	PLACE OF BIRTH Dunty of Street ty of Street	RECEIVE	D. IAN 7	BURBAU OF CERTIFIC	ATE OF BIRTH	
110	n give name.)	•	Prim. Registration	District Not	/ 1 U Local Re	sistrar's No.6 f
2	FULL NAME OF CRIL	D	Stil	I birth		
<u>.</u> ق		. Twin, triplet, or . Number, in order	į.	mature 7. Lee	o. Date	Dec /5 100
9.	7311	S. Saul		. Full (MOTHER	(Month, Day, Tony)
10.	Residence (usual place (If non-resident, give)	of abode) 3	16 6 Th 20.19	. Residence (nam	place of abode)	316 675 8
11.	Color or race W 12	. Age at last birthd	7, 1	/11 HOH LEDIGER	17 give place and t	tate)
13.	Birthplace (city or place (State or country)	ce) Sugar Os	The second second	Birthplace (cit	or place)	st birthday (yee
CUPATION	 14. Trade, profession, kind of work do sawyer, bookkeepe 15. Industry or busin work was done, sawmill, bank, et 	ne, as spinner, control of the spin of the	lesk 100 kg	of work don typist, nurs 24. Industry or work was	ession, or particular, as housekeeper, e. clerk, etc. business in which ione, as own home ice, silk mill, etc.	A wife
8	//	year) work 17. Total time in this wo		25. Date (mont last engage	h and year) i in this work	tal time (years) spec
27. 28.	What prophylactic was Number of children of the	used to prevent O	phthalopia Neonat	orum?	raul 110)	U
	If stillborn, period of gestation 3	months	ause of stillbirth	1 October	and the city	Before labor
		CERTIFICATE OF				COUTER NATION
:	I hereby certify that I s					 he date above state
{	When there was no at or midwife, then the fa- etc., should make this re	ther, householder, }	· (Signed	, 7.0,7	Tillo,	
Give	name added from	•	or	V	1 11	Midwj
a 15 U	ipplemental report	(Date of)	Address	rach	o Vall	Had ah
	The state of the s	Rogi	Filed.	7/14	, 198. 4	Registrar.



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RE	CEIVED IN	' IUUI	5	***		
PLACE (F DEATH	STA: DEPARTMENT	TE OF IDA OF PUBL	HO IC WELFARE	DO NOT WRITE IN	THIS SPACE
County of	of DEATH ennevelle					44.1
City of	'als Felle	ERTIFICA	ATE O	F DEATH	State File No9	67 2
	R	egistration Distr	ict No.	3		
	D.	rimary Pagistrat	ion Alietrios	NO 11-0	Local Registrar's No	2 43
			/	110	DOCAL Registrar & NO	, , , , , , , , , , , , , , , , , , , ,
	(If death occurred in	a hospital ar ins	titution, giy	e its name instead	of street and number)	erali.
2. FULL NA	ME	$\mathcal{A}\mathcal{U}$	U U	uth-	******	\mathcal{F}_{0}
(a) Resid	lence. No	•••••	***************************************		st	44
บบรน	al blace of abodel			/T4	sident give city or town n U.S., if of foreign birth	and state) ? vrs. mos.
	AL AND STATISTIC				L CERTIFICATE OF D	
3. SEX	4. Color or Race	5. Single, Marrie	d, Widow-	21 ከልጥም ሰም ከሚለ	ATH (month, day and ye	ar w (0-) 1=1
Male		word)	This	<i></i>		
5a. If married HUSBAND	l, widowed, or divorc	eed		=	ERTIFY, That I attended 193 to	
(or) WIF	C of		.,		ive on 193	
J. DATE OF	BIRTH (month, day,	and year) 1934	ク	to have occurred	on the date stated above	e, atm
7. AGE	ears Months	- 1	LESS than	The principal ogue	of jeath and related	causes of imp
			lay, hrs. . min.		arn.	Date of on
8. Trade, p	rofession, or particular work done, as spins	ar		21-1		
anwyer,	bookkeeper, etc			July	-9.7	Thomas !
9. Industry	or business in which as done, as silk mill.			cala		
2 10. Date d	ll, bank, etc eceased last work. 1		ars)	Color	pudeully	mac
ત્રા હહા શા	this occupation	spent in this occupation ,		Other contribute	causes of importance	; ,
12. BIRTHPI	ACE (city or town).	Ilaho	Falle	,		
(State	or country)			. :		
13. NAME	Blains	B. Day	lar.		*********	
	PLACE (city or town	ng g	x	//		
(St 발	ate or country)	ough Co	y the	-	ed diagnosis? Was th	
15. MAIDE	N NAME MAR	paris D/c	elsen	the following:	ue to exter'l causes (vio or homicide? Date	
	PLACE (city or town	ntas a	ngile	,	or homicide? Date	ot mjury, I
	ate or country)	California de la constante de	dia	(Sp	ecify city or town, coun	
17. INFORMA (Addre	NT Maure	100			njury occurred in indust	
18. BURIAL,	CREMATION OR RE	AL V	7	Manner of injury		
Place	ou! Each	Date.	.Y., 193.7	Nature of injury.		····
	KED Z			24. Was disease of	injury any rela	occupat
19. UNDERTA			I)	- Annongah /	TEC no deposit tell 1	
19. UNDERTA (Addre	ess)	Sect.	-2	of deceased?	ik so, spegit	M M

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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN			

OF PUBLIC WELFARE VITAL STATISTICS Registration District No......3.5State File No..... (If born in hospital or institution Prim. Registration District No. 2021 Local Registrar's No. give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Number Twin Date of Legiti-Sex of in order Triplet birth A of birth or other? Child) (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth...... (a) Born alive and now living.... FULL MAIDEN If non-resident, give place and State It non-resident, give place and State Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was on the date above stated. (Signature) ... *Where there was no attending physician (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth.

THE METERS OF FURTH WELLFARE BURRELL OF VILLE STATISTICS CERTIFICATE OF BIRTH ... Registrating District No. State #16 No. .. Pring, Register from District Nonzalda and rest Royletter's No. THE NAME OF CHILD Date of birth and 2 39:Er: tradio m 1:44 (Alexand) To be answered only to even of philad birth ?) What peoplylowic was used to prevent Ophthelmia Sechatorent? Number of the state methor, brokeling prosent thirty of the Bornellite to new dem Head over United above the not not at the If not used on give place and their some if Constantinit. THE PROPERTY OF A CAPTAGE OF STREET, AS A STREET, AS media erenil I beerby certify that I attended the birth of this child, who was cattliborn on the date above whited. "Where there was no attending physician; Physician or unidwift in aldurfe, then the father, householder. eingstende make this return. A stillhorn; Address citful le one sat neither breathes nor l sliggy other evidence of life after birth.

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813-126-024-796 more than etate of idaho DEPARTMENT OF RUBERC WILDARD County of.: BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTHState File No Registration District No. (If born in hospital or instit O/ N Local Registrar's Prim. Registration District No. tion give name.) 2. FULL NAME OF CHILD ... 23 7. Logiti-Le if plural 4. Twin, triplet, or other...... remaiure. 8. Date of 3. Sex 7 birthe 5. Number, in order of birth..... Full term. mete? MOTHER 18. Full 9. Full maida name 10. Residence (usual place of abode) Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State 11. Color or race 10. | 12. Age at last birthde 14. (years) 20. Color or race. 1.1. | 21. Age at last birthous 22. Birthplace (city or place)... (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done as spinne Jarsule sawyer, bookkeeper, etc of work done, as houselful typist, nurse, clerk, ext CUPATION 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill. made lawyer's office, silk mill, etc. sawmill bank etc..... 25. Date (month and year) 26. Total time (years) spent last engaged in this work 17. Total time (years) spent ą 16. Date (month and year) , 19 in this work 19...... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ... 28. Number of children of this mother (At time of this birth and including this child) Patur (a) Born alive and now living (b) Born alive but now dead......(c) Stillborn..... Before labor.... months or weeks 30. Cause of stillbirth.... 29. If stillborn. During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSIC I hereby certify that I attended the birth of this child, who m. on the date above stated. When there was no attending physician / or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... Address WRITE One chil Registrar. والمنافعة والمنافقة والمرافعة فأوقوا المالك

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should of OCCU	City of Cleubell Registration District No	· · · · · · · · · · · · · · · · · · ·
KNS cent o	Primary Registration Dist	rict No Local Registrar's No
SICIA stateme	(If death occurred in a hospital or institution 2. FULL NAME	n, give its name instead of street and number.
T REC. PHY	(a) Residence. No	lve. Easighton Jells, Addis (If nonresident give city or town and state) s. ds. How long in U. S., if of foreign birth? yrs. mos. ds
ANENT CTLY. fied. E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed or Divogced (write the word)	21. DATE OF DEATH (month day, and year)
ERM EXA slassi	5a. If maried, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from 1934.
A 45 P	HUSBAND of (or) WIFE of	I last saw havelive on , 193 4: death is said
S IS A be state properlificate.	6. DATE OF BIRTH (month, day, and year) Act. 36 1934	to have occurred on the date stated above, at 3.00 Pm. The principal cause of death and related causes of importance
THIS I ould be y be pro	7. AGE Years Months Days If LESS that 1 day, hrs. or min.	
A B B W	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc	confrassion crantrulical
G INF AGE at it r	kind of work done, as spinner, sawyer, bookeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this executation (month and the executation (month and the executation this executation).	
Par	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Other contributory causes of importance:
NFADIN supplied. rms, so tl	12. BIRTHPLACE (city or town) Wendell (State or country)	-
H III	14. BIRTHPLACE (city or town)	Name of operation
VITH refull plain See	14. BIRTHPLACE (city or town)	What test confirmed diagnosis?
in in		23. If death was due to exter leauses (violence) fill in also the following: Accident, suicide, or homicide?
NLY, Valled be controlled by the controlled by t	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? X (Specify city or town county, and State)
LAI sho DE y im	17. INFORMENT Ellis E. Hollow (Address) /22/ -9 - Aug. E. January	Specify whether injury occurred in industry in home, or in public
ITE Pation E OF	18. BURIAL, CREMATION, OR REMOVAL Place June 1 10/27, 1932	Manner of injury
inform CAUSI TION	19. UNDERTAKER Juin Falls Maiting (Address) Juin Jalls Stakes	24. Was disease or injury in any way related to occupation of deceased?
H C H	20. FILED 10/28, 193 C. J. Aller S. Registrar.	(Address) Serme J. B. E. J., M. D.
7.		//

MARGIN RESERVED FOR BINDING

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year
ADDITIONAL SPACE I	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE County of Jaffarson EXTENSION OF VITAL STATISTICS City of Righy R.F.D.3 CERTIFICATE OF BIRTH No..... Registration District No.State File No. (If born in hospital or institu-Prim. Registration District No. 2176 Local Registrar's No. 252 tion give name.) 2. FULL NAME OF CHILD Stillborn Burgess [f plural 8. Date of 3. Sex Υея births F.M. Full term.. mate?.... 5. Number, in order of birth...... (Month, Day, Year 18. Full MOTHER FATHER 9. Full Stella Billman maiden name James Burgess name 10. Residence (usual place of abode 19. Residence (usual place of abode) Rigb #3 (If non-resident, give place and State) Rigby (If non-resident, give place and State)... 11. Color or race. W.... | 12. Age at last birthday 21. (years) (State or country) (State or country) Menorer 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, Farmer of work done, as housekeeper, Housewife OCCUPATION typist, nurse, clerk, etc. sawyer, bookkeeper, etc 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc. sawmill, bank, etc..... 25. Date (month and year) last engaged in this work 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent , 19 in this work 19 in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3...(b) Born alive but now dead......(c) Stillborn Before labor. months period of gestation 8 mos or weeks 30. Cause of stillbirth 29. If stillborn. During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was builthorne 4. Oh, on the date above stated arn Alive or Still form) 8 . III. When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... Registrar. ALTONOMICS STATE

Chen Secto meeting product the filled COL SOLUE OF THE

724	IN ANALYSIS OF THE PARTY OF THE	АНО
ry item only etal	PLACE OF DEATH DEPARTMENT OF PUR County of Jefferson BUREAU OF VITAL	BLIC WELFARE DO NOT WRITE IN THIS SPACE
ery ite should f OCCI	T CERTIFICATE O	
> 6	Registration District No	
J. IAN	Primary Registration Distri	
RECORD. F. PHYSICIANS act statement	(If death occurred in a hospital or institution, Stillborn Burgess	give its name instead of street and number.)
R.E. P.H.) act	(a) Residence, No(Usual place of abode)	St.
,	Length of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
ANENT CFLY. fied. E	PERSONAL AND STATISTICAL PARTICULARS 3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	MEDICAL CERTIFICATE OF DEATH
NG MAN ACTI	S.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Diverged Switch word)	21. DATE OF DEATH (month day, and year) Dec . 31 1934
BINDING A PERM/ ated EXAC srly classif	5a. If maried, widowed, or divorced HUSBAND of	En sec SI, 1934 to form, 193
BIL A E ated ated orly te.	(or) WIFE of	I last saw han alive on the date stated above, at m.
FOR IS IS be study propertifical	6. DATE OF BIRTH (month, day, and year) 1. AGE Years Months Days If LESS than	The principal cause of death and related causes of importance Week follows:
HIS HIS ld b be p	Stillborn 1 day, hrs.	Shell from child of
VED CTHI should tay be r of cer	8. Trade, profession, or particular kind of work done, as spinner,	Gregue Parkey
SER INK GB a it m back	9. Industry or business in which	
REG IG Inat	kind of work done, as spinner, sawyer, bookeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank etc. 10. Date deceased last worked at 11. Total time (years)	Other contributory causes of importance:
IN H DIN lied.	10. Date deceased last worked at this occupation (month and year)	
IARGIN I UNFADIN emplied. erms, so th	12. BIRTHPLACE (city or town) Rigby R. F. D 3 (State or country)	
A - P + •	I CALLY	Name of operation
WITH carefull n plain	14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
WI care	(State of Country)	23. If death was due to exter causes (violence) fill in also the following: Accident, suicide, or homicide?
ILY d be ITH orta	15. MAIDEN NAME Stella Billman 16. BIRTHPLACE (city or town) Tāaho (State or country)	Where did injury occur? (Specify city or town county, and State)
PLAINLY, V 1 should be ce 8 DEATH in 2xy important.	11 00- 12 m 1911	Specify whether injury occurred in industry in home, or in public
	17. INFORMENT (Address)	place.
ITE P ation E OF	18. BURIAL, CREMATION, OB REMOVAL Place Rigby 108. Date Dec. 21 1934	Nature of injury
-WRITE I information CAUSE OF TION is ver	19. UNDERTAKER NODe	24. Tas disease or injury in any way related to occupation of deceased?
3.—) inf CA	(Address)	(Signed) M.D.
ż	20. FILED / 2/3/, 1934 (Registrar.)	(Address) Regoy Stand

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EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related Date of onset The PRINCIPAL CAUSE OF DEATH and related Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 uear ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF BIRTH ATTMENT OF PUBLIC WELFARE 228180 STATE OF IDAHO County of__ BUREAU OF VITAL STATISTICS City of Lacus d CERTIFICATE OF BIRTH No.__ 30 Registration District No_ State File No. (If born in hospital or institution Prim. Registration District No. 10 50 Local Registrar's No. 39 give name.) 2. FULL NAME OF CHILD. RECORD 4. Twin, triplet or other_____ 8. Date_of 6. Premature 400 7. Legiti-If plural births Full term ____ 5. Number, in order of birth__ mate?_ (MONTH, ĎAY, YEAR) 18. Full MOTHER 9. Full **FATHER** maiden name PERMANENT ch, and the numb name 19. Residence (usual place of abode) 10. Residence (usual place of abode) 807-(If non-resident, give place and State) Courses a Colon, Jan (If non-resident, give place and State) 20. Color or race 21. Age at last birthday 32 (years) 11. Color or race 22 12. Age at last birthday 22 (years) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner. OCCUPATION sawyer, bookkeeper, etc. ____ &unfermen typist, nurse, clerk, etc 15. Industry or business in which 24. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc.__ sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work____ spent in this work_ 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living Q_(b) Born alive but now dead____(c) Stillborn (b) Before labor Year 28. If stillborn. months period of gestation /. ///a. 29. Cause of stillbirth Alexander or weeks During labor CERTIFICATE OF ATTENDING PHYSICIAN at 9:30 cm. on the date above stated. I hereby certify that I attended the birth of this child, who was _ (BORN ALIVE OR STEDBORN) When there was no attending physician) or midwife, then the father, householder, etc., should make this return. Midwife Give name added from a supplemental report.... Address Cours dallen (DATE OF) Registrar. Registrar.

THE REAL PROPERTY. Section 1 and 1 and 1 democratical and the second of THE PERSON IN THE PERSON I STURE WAS TO STREET, WHITE the interest of the Party A CONTRACTOR OF THE PARTY OF TH Law year of the second of wa at sale THE PARTY OF THE PARTY OF THE PARTY.

ICEIVED IOV 22	STATE OF ID.	, AHO		the second
PLACE OF DEATH	DEPARTMENT OF PUBI	LIC WELFARE	DO NOT WRITE IN T	HIS SPACE
County of Rovlenac	BUREAU OF VITAL		914	191
ity of cound ale	CERTIFICATE O	F DEATH	State File No.	INI
•	Registration District No	30	4	2 ,
	Primary Registration Distric	t No. 1050	Local Registrar's No	9 11
/7# 34b	(No)	,
(If death occ 2. FULL NAME	curred in a hospital or institution	anders	www.	206
	Home Hastila	0, 1	CA TO	a
(a) Residence. No	110000000000000000000000000000000000000		sident give city or town a	
Length of residence in city or tow		T	in U.S., if of foreign birth?	
PERSONAL AND STATIS 3. SEX 4. Color or Rac		MISDICA	AL CERTIFICATE OF DEA	01 -04 · A
\mathcal{P}	ed or Divorced (write the	21. DATE OF DE	ATH (month, day and year	Stillfuth 19
5a. If married, widowed, or di	avige.	22. I THREEL C	ERTIFY That I attended	-deneased fro
HUSBAND of (or) WIFE of		Some of	1/2/99-1, to 17:	. J. J. J. 7185
6. DATE OF BIRTH (month, d	ay, and year)	11	live on, 193 on the date stated above,	
7. AGE Years Months	Days If LESS than 1 day, Ohrs.	The principal cause	se of death and related ca	
	or O. min.	tance were as i	····	Date of ons
8. Trade, profession, or partikind of work done, as s		Disease	of placenta	
sawyer, bookkeeper, etc 9. Industry or business in w			0	
work was done, as silk m				
10. Date deceased last work ed at this occupation				
(mo. and yr.)	occupation	Other contribute	ory causes of importance;	
12. BIRTHPLACE (city or toy	n) (veurd alene	,		
(State or country)	Dahd.			
13. NAME Jorney	underson,	Name of operation	1	Date of
14. BIRTHPLACE (city or to (State or country)	Wash,	What test confirm	ed dlagnosis? Was ther	e an autopsy
15. MAIDEN NAME E	ma Man basus	the following:	lue to exter'l causes (viole	
15. MAIDEN NAME (15. MAIDEN NAME (16. BIRTHPLACE (city or (State or gountry))		Accident, suicide,	or homicide? Date of	of injury1
(State or country)	Jermany	(Sr	occur? ecify city or town, county,	
17. INFORMANT (Address) 807 C	and the state	H	njury occurred in industry,	
18. BURIAL, CREMATION OR	DEMOVAL:	n - · · · -	· · · · · · · · · · · · · · · · · · ·	
est-Place ocurdill	lene Date 10.7.6., 193.4			
19. UNDERTAKER COSSE	of Funeral Home	of deceased?	r injury in any way relate	
			K 7 1/7/	- /
(Address) Coeus 20. FILED //-/ 5, 1934.	I Apolar m. D.	(Signed)	Cound alex	~

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E	XAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF causes of importance were		Dute of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	is	1921	Ran over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAU Gallstones	SES of importance:	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year
Al	DDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	<u> </u>

METARD MARY PLACE OF BIRTI STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Lata - BURBAU OF VITAL STATISTICS City of Maria CERTIFICATE OF BIRTH No 120 to main Tre timen Hon Registration District No. (If born in hospital or institu-Prim. Registration District No. / 0 / Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD. N. B. P. 8. Premature 968. Legiti-[f plural 4. Twin, triplet, or other..... 8. Date of 3. Sex births birth. Fernale RECORD. 5. Number, in order of birth... Full term. mete! (Month, Day, Year 9. Full FATHER 18. Full MOTHER name . maiden amy Lo Moy name 19. Residence (usual place of abode) 10. Residence (usual place of abode) PERMIANENT (If non-resident, give place and State)...... (If non-resident, give place and State) 11. Color or race like 12. Age at last birthday 26 (years) 20. Color or racellalile 21. Age at last birthday 2.4 (years) 18. Birthplace (city or place) Cotton (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper. UPATION ν. OCCUPATION sawyer, bookkeeper, etc typist, nurse, clerk, etc..... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home, be made lawyer's office, silk mill, etc. Jun sawmill, bank, etc..... 25. Date (month and year) leat engaged in this work 26. Total time (years) spent last engaged in this work 17. Total time (years) spent 16. Date (month and year) INK Present in this work 6 un in this work... 27. What prophylactic was used to prevent Ophthamia Neonatorum? X WITH UNFADING Reparts 28. Number of children of this mother (At time of this birth and including this child) or weeks 30. Cause of stillbirth Placenta Present Before labor..... 29. If stillborn, period of gestation by During labor..... CERTIFICATE OF ATTENDING PHYSICIAN I hereby certify that I attended the birth of this child, who was 22m. on the date above stated. When there was no attending physician i or midwife, then the father, householder, etc., should make this return. Midwife Give name added from 7 WRITE One chile a supplemental report..... (Date of) Registrar.

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ON THE PARTY OF THE CONTRACT PROPERTY AND ANY The Part of Attend to MERCHAN the Rectangue of chies. tora: It's L'Attendies de order of surity Cabis is AMBR Short to regio trains denotined its (obtain 10 some 1411 in section 11) (it not resident the page and there) the state of the first term of the state of The state of the s to the same and the same of th are the mann or neckers. ball teleplates or resident spirit in to serie dette as 100 aproximate TOTAL SECTION OF STREET and design and design Training straining to the state of Olgania and and and and some areas and areas

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3 11 N 7 STATE OF IDAHO PLACE OF DEATH DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE RECORD. Every item Y. PHYSICIANS show Exact statement County of Lateh BUREAU OF VITAL STATISTICS MOBOOW State File No..... City of Registration District No..... Primary Registration District No. 1011 Local Registrar's No... (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME Stillbirth (a) Residence, No. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 25.34 3. SEX 4. Color or Race | 5. Single, Married, Widow-De C . 193 ed or Divorced (write the 21. DATE OF DEATH (month, day and year) Male Wn ite word) 23 I HEREBY CERTIFY, That I attended deceased from ba. If married, widowed, or divorced HUSBAND of (or) WIFE of I last saw h....alive on 193...: death is said 6. DATE OF BIRTH (month, day, and year) Dea. 25. to have occurred on the date stated above, atm. 7. AGE The principal cause of death and related causes of impor-Months Days If LESS than Date of onser 1 day.... hrs. or min. 8. Trade, profession, or particular kind of work done, as apinner. sawyer, hookkeeper. etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work- 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) occupation 12. BIRTHPLACE (city or town).. (State or country) 13. NAME WM. L. Huff Name of operation...... Date of...... DEATH 14. BIRTHPLACE (city or town)... COLLCDEC. What test confirmed diagnosis?.... Was there an autopsy?... (State or country) dano 23. If death was due to exter'l causes (violence) fill in also Wanda E. Holt 15. MAIDEN NAME information should state CAUSE OF D the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or town) .. Palouse Where did injury occur?..... (State or country) (Specify city or town, county, and state) 17. INFORMANT . WT. L. Huff Specify whether injury occurred in industry, in home, or in (Address) Moscow, Isaho public place. WRITE 18. BURIAL, CREATION OR REMOVAL Manner of injury..... Place... MCSCOW Date 12/27 193.4 Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER ... NODE (Address)

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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:	1 year	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		

8	1. PLACE OF BIRTH DECENTED	STATE OF IDAHO
#	County of Level RELEIVED . 11 N 11	PRODUCTION OF PUBLIC WELFARE 228232
S Z		
-	City of	CERTIFICATE OF BIRTH
₽ £	NoSt	rict No State File No.
3.5		rict NoState File No
무인	(If born in hospital or institution Prim. Registration	n District No Local Registrar's No
6 8	give name. Herri Prim. Registration	
	2. FULL NAME OF CHILD To not	naued
0.5		natura X 7 Lagitt. 8. Date of
젖꾋	3. Sex / If plures 4. Twin, triplet, or other6. Pres	Mo birth Ceer 50 1934
었歯		term mate? Month, day, year)
2 5	9, Full FATHER	maiden -
片創	name Ray La Verne Fraguer	name Jan Jacober wortbull
百司	10. Residence (usual place of abode)	19. Residence (usual place of abode) (H non-resident, give place and State)
PERMANEN h, and the nu	(If non-resident, give place and State)	
E K	11. Color or race 12. Age at last birthday 30 (years)	20. Color or race 21. Age at last birthday 22 (years)
B ⁴	13. Birthplace (city or place) Clauree able	22. Birthplace (city or place)
4 8		(State or country) 23. Trade, profession, or particular kind
2.5	14. Trade, profession, or particular 72, 2 2 2 kind of work done, as spinner,	of work done, as housekeeper,
S a	Z kind of work done, as spinner, doole sawyer, bookkeeper, etc.	typist, nurse, clerk, etc.
E	15. Industry or business in which	24. Industry or business in which work was done, as own home, lawyer's office, stik mill, etc.
اع	a sound!! bank etc	7 27 20 00000
: INK	sawmili, bank, etc. 16. Date (month and year) last engaged in this work 17. Total time (years)	25. Date (month and year) last engaged in this work 26. Total time (years)
	engaged in this work spent in this work	onent in this work 3
ZZ	19	fresent 19
PADINC Return	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now	living (b) Born alive but now dead (c) Stillborn
	Con Ye will an Company	Before labor#======
LIN	period of gestation 2	not buren During labor
H		
VITT	CERTIFICATE OF ATTENDING	PHYSICIAN OR MIDWIFE
) a <	I hereby certify that I attended the birth of this child, who w	as ctellar at T m. on the date above stated.
E E	(When there was no attending physician) or midwife, then the father, householder, } (Sic	med) Chas F Haune, M. D.
at t	etc., should make this return.	•
걸	Give name added from or .	, Midwife
면원	a supplemental reportAdd	ress Tolland
RIT	File	Jan 10 , 1935 Chol Bellamy
\$ 3	Registrar.	Registrar
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has the property of the party of the property
RECEIVED A STATE OF PLACE OF DEATH OF P	UBLIC WELFARE DO NOT WRITE IN THIS SPACE
County of Cenelia BUREAU OF VITA	31020
California CERTIFICATE	
Registration District No. Primary Registration Dis	
	Docar Registrar & No.
(If death occurred in a hospital or instituti	on, give its name instead of street and number.
2. FULL NAME Jufaut	named
(a) Residence. No	St. (If nonresident give city or towns and state)
Length of residence in city or town where death occurred. yrs. n	(If nonresident give city or town and state) tos. ds. How long in U. S., if of foreign birth? yrs. mos. di
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.SEX 4. COLOR OR RACE 5. Single, Married, Widowe or Divorced (write the word	1) 21. DATE OF DEATH (month day, and year) Cuy 30 1932
0' W.	22. I HEREBY CERTIFY, That I attended declared from
5a. If maried, widowed, or divorced HUSBAND of	, 193, to
(or) WIFE of	I last saw halive on
6. DATE OF BIRTH (month, day, and year) Cluy 30 193	The principal cause of death and related causes of importance
AGE Years Months Days If LESS the	\$ i
or min	<u> </u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.	Jove maling - (suc)
9. Industry or business in which work was done, as silk mill, saw mill, bank etc	
10. Date deceased last worked at this occupation (month and spent in this	Other contributory causes of importance:
year) occupation	-]]
12. BIRTHPLACE (city or town) Calum John (State or country)	2
13. NAME Roy La Verne Fragier	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
14. BIRTHPLACE (city or town) Shawraf Circle. (State or country)	23. If death was due to exter leauses (violence) all in also the following
15. MAIDEN NAMEL au Isadere Turubull	Accident, suicide, or homicide? Date of injury
16. BIRTHPLACE (city or town) Salusar Tolely	Where did injury occur? (Specify city or town, county, and State)
(State or country)	Specify whether injury occurred in industry in home, or in public
17. INFORMENT (Address)	place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date 198	Nature of injury 24. Was disease or injury in any way related to occupation of deceased
19. UNDERTAKER W. C. Corola (Address) Salvan	If so, specify
- A ! · A BA	(Signed) Chast Hanner, M.
20. FILED A. 198 5 Charles Registrar,	(Address) Salwar

MARGIN RESERVED FOR BINDING

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation priorto retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

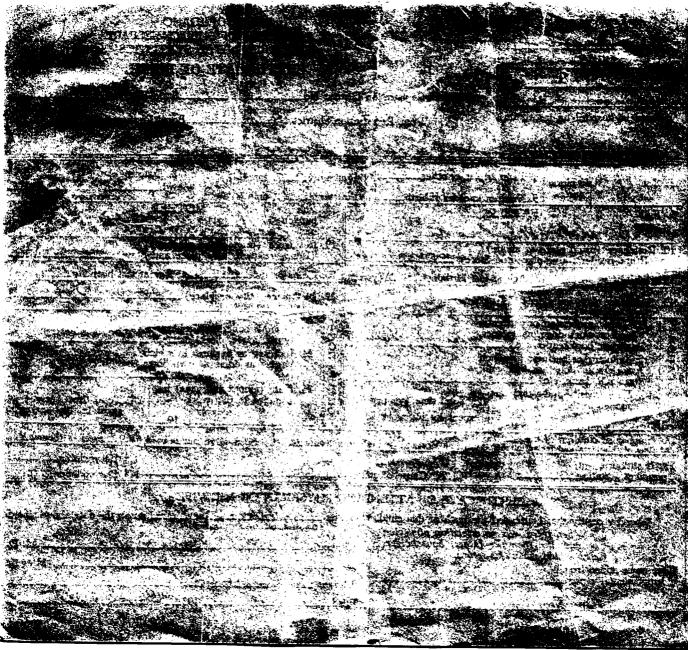
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH .- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	EXAMPLE II	
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1, 1923	Other contributory causes of importance: Gastroentcritis	1 year
FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	1915 1921 July 5, 1927 May 1, 1923	Date of onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis Other CONTRIBUTORY CAUSES of importance:

PLACE OF BIRTH STATE OF IDAHO ENT OF PUBLIC WELFARE U OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No__ State File No.... (If born in hospital/or institution Prim. Registration District No... Local Registrar's No. give name.) the May FULL NAME OF CHILD A PERMANENT RECORD. each, and the number of each, 8. Date of 4. Twin, triplet, or other______6. Premature 3. Sex If plurai hirth 5. Number, in order of birth____ Full term mate? (MONTH, DAY, YEAR) MOTHER 18. Full PATHER 9. Full maiden name / 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 20. Color or race ML 21. Age at last birthday L. Z (years) 11. Color or race 12. Age at last birthday 23 (years) 13. Birthplace (city or place) Sacrue 22. Birthplace (city or place)_. (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, 25 kind of work done, as spinner, OCCUPATION CCUPATION typist, nurse, clerk, etc.___ sawyer, bookkeeper. etc. ___ THIS made 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc._ sawmill, bank, etc. ____ 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work spent in this work___ WITH UNFADING a Separate Return (At time of this birth and including this child) (a) Born alive and now living Q_(b) Born alive but now deadQ___(c) Stillborn_1___ Before labor ---months 28. If stillborn. 29. Cause of stillbirth_____ period of gestation_.) or weeks During labor_____ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was _1 at 5 12 m. on the date above stated. When there was no attending physician) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report (DATE OF) 1935 Cho C. Bellann Registras Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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RECEIVED JAN 1 1935 TE OF ID.	1***
County of County of DEATH DEPARTMENT OF PUBL BURBAU OF VITAL	IC WELFARE DO NOT WRITE IN THIS SPACE
Registration District No Primary Registration District	t No. 2116 Local Registrar's No.
(a) Residence. No.	(If nonregident give city or town and state)
Length of residence in city or fown where death occurred. yrs.	mos. ds. How long in U. S., if of foreign birth? yrs. mos. us
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowed or Divorced (write the word)	21. DATE OF DEATH (month, day and year) / - 193
5a. If married, widowed, or divorced HUSBAND of	22 I HEREBY CERTIFY, That I attended deceased from 193 to
(or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs.	I last saw halive on
8. Trade, profession, or particular kind of work done, as snaner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mille saw mill, bank, etc. 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this	Other contributory causes of importance:
12. BIRTHPLACE (city or town (State or country)	
13. NAME 13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?.
15. MAIDEN NAME Earlyn Kirk	23. If death was due to exter'l causes (violence) fill in als the following: Accident, suicide, or homicide? Date of injury, 193
16. BIRTHPLACE (city or toyn) f	Where did injury occur?
18. BURIAL, CREMATION OF REMOVAL	public place. Manner of injury
Place Date // 2.8, 1987. 19. UNDERTAKE AND CARREST AN	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED. 193	(Signed) Charlet Harring, M. I (Address) Salman

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EVAMBLE !

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees." "worker," "operative," etc. Find out the particular kind of work done and return that as sninner, weaver, etc.

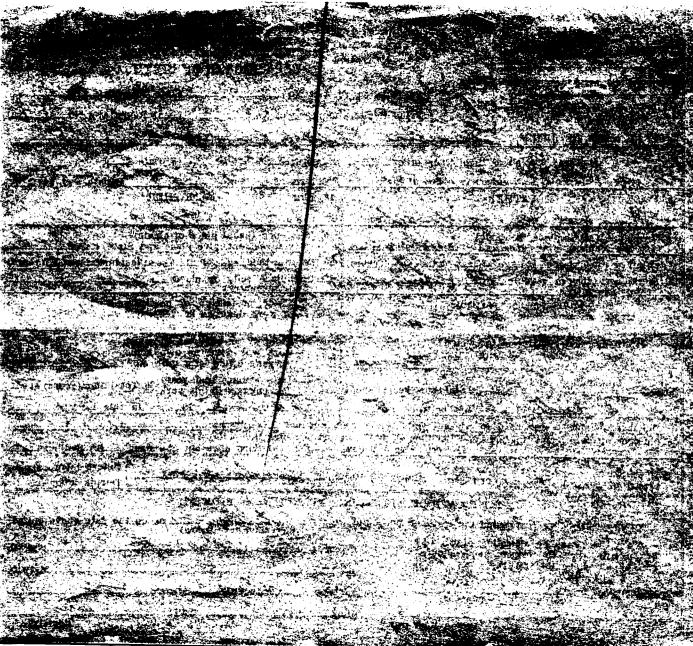
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As repal cause, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of ouset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	

PERPARTMENT OF PERIOD OF County of serve BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. State File No. (If born in homital or institu-Prim. Registration District No. Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD 4. Twin, triplet, or other 6. Premeture 7. Legiti-8. Date 62. [f plura] births hirth. Full term mate?... 5. Number, in order of birth..... (Month, Day, ö RECORD. 18. Full MOTHER 9. Full FATHER the number maiden lias Wieley 11 name 10. Residence (usual place & abode) 19. Residence (usual place of abode) (If non-resident, give place and State) ANENT (If non-resident, give place and State) 11. Color or race. 12. Age at last birthday 2/(years) pag 2. Birthplace (city or place) 13. Birthplace (city or place) PERN. (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper kind of work done, as spinner, auliance sawyer, bookkeeper, etc be made for 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill. lawyer's office, silk mill, etc. sawmill, bank, etc..... 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent must in this work..... in this work 9/1/C 19..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ITH UNFADING Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living O....(b) Born alive but now dead......(c) Stillborn. Before labor. or weeks 30. Cause of stillbirth..... 29. If stillborn. period of gestation. During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFFE I hereby certify that I attended the birth of this child, who was form Alive or attended. Parth W When there was no attending physician ! or midwife, then the father, householder, etc. should make this return. PLA Set Give name added from a supplemental report..... WRITE One chile // 5 1934 Filed. Registrar.



PLACE OF DEATH	STATE OF ID. DEPARTMENT OF PUBL		DO NOT WRITE IN THIS S	PACE
County of Russelle.	BUREAU OF VITAL		State File No. 92687	
City of June	Registration District No	6	State File No.	
	Primary Registration Distric	t No	Local Registrar's No	9
(If death conversed	(No	•)	•
2. FULL NAME	in a hospital or institution, gi	ve its name instead	of street and number)	,6
(a) Residence. No	7		or V	
(Usual place of abode)	<i>j</i> /	(If nonresmos. ds. How long i	sident give city or town and state n U.S., if of foreign birth? yrs. 1	e) nos.
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. Color or Rac	ed or Divorced (write the	21. DATE OF DEA	THE STATE OF THE PARTY OF THE P	<u>ر</u> کی
5a. If married, widowed, or div	Word	22. I HEREBY CI	ERTIFY, That I attended deceas	
HUSBAND of (or) WIFE of	orcea		., 193, to	193.
6. DATE OF BIRTH (month, da	y, and year)	I last saw hal	ive on, 193: death	n is s
7. AGE Years Months	1934	1(-	on the date stated above, at se of death and related causes of	
7. AGE Years Months	Days If LESS than 1 day, hrs.	tance were as f	Ollows: Date	of one
Millian	or min.	thu	cuawy	• • • • •
8. Trade, profession, or partic	Inner / _			• • • • •
sawyer, bookkeeper, etc 9. Industry or business in w	hich .			
work was done, as silk m	111.			• • • • •
kind of work done, as ap sawyer, bookkeeper, etc 9. Industry or business in w work was done, as silk many mill, bank, etc 10. Date deceased last worked at this occupation	11. Total time (years)			
(mo. and yr.)	occupation	Other contribute	ory causes of importance:	
12. BIRTHPLACE (city or town	1). Alzoslowe			
(State or country)	y sour			
13. NAME	a gray wood	me of operation	Date of	·
13. NAME 14. BIRTHPLACE (city or to (State or country)	wife TO I for	4 -	ed diagnosis? . Was there an au	
	10.1	23. If death was d	ue to exter'l causes (violence) fil	
15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country),	v ralacim	the following: Accident, suicide,	or homicide? Date of injur	y, 1
o 16. BIRTHPLACE (city or to (State or country),	own)	Where did injury	occur?ecify city or town, county, and st	tate)
17. INFORMANT : We	ely woods	И	njury occurred in industry, in hom	
(Address)	Trivolvai	public place		
18. BURIAL, CREMATION CO	well pate Die. 7, 1934	! !		
		1	injury in any way related to oc	cupat
19. UNDERTAKER	<u></u>	of deceased?		
20. FILED. /2/01., 1984.	J. J. Fuller	(Signed)	- and during	., M.
/ 7	Registrar.	(Address)	- xundenus	THE !

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employees." "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

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Chronic interstitial nephritis	ronic interstitial nephritis 1921		1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
	_	~~~		
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:		
Gallstones	May 1, 1923	Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		

otata Cr	PLACE OF BIRTH DELLE JAN 7 DEPARTMENT OF PUBLIC WELFARE 228290 try of Languar Life OF BIRTH OF BIRTH
i i	f bern in hospital or institu- on give name.) Registration District No. 2128 Local Registrar's No.242 FULL NAME OF CHILD
3	Sex 7 If plural births 4. Twin, triplet, or other
3.4	Full name Al. Fullmur 18. Full maiden marke work
1 10 141 –	Residence (usual place of abode) Suggestion 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State)
	Color or race 1/ 12. Age at last birthday // (years) 20. Color or race 1/ 21. Age at last birthday // (years) Birthplace (city or place) // (State or country) 22. Birthplace (city or place) // (State or country)
FION TION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc
must be mad	work was done, as silk mill, sawmill, bank, etc
5 E 27	What prophylactic was used to prevent Ophthalmia Neonatorum? Minculation
28	Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead(c) Stillborn
	If stillborn, period of gestation 10 months or weeks 30. Cause of smarth Breach During labor During labor
a Separa	I hereby certify that I attended the birth of this child, who was the late above stated.
d at birth	When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) or Midwife
plido v	ive name added from supplemental report. (Date of) Address Filed - 5 - , 193.5 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
¥ \$	Registrar.

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RECEIVED FEB 131935 STATE OF IDAHO PLACE OF DEATH DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WHIFARE BUREAU OF VITAL STATISTICS County of Maa CERTIFICATE OF DEATH State File No..... Registration District No..... Primary Registration District No. 2128 Local Registrar's No (If death occurred in a hospital or institution) give us tame instead of street and number) 2. FULL NAME... (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town who ds. How long in U.S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. Color or Race: 5. Single, Married, Widow-21. DATE OF DEATH (month, day and year) 1932 ed or Divorced (write the HEREBY CERTIFY, That Cattended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above The principal cause of death and related causes of impor-. AGE Months If LESS than Years Davs tance were as follows: Date of onset 1 day,... hrs. or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, hookkeeper, etc 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc...... 10. Date deceased last work. 11. Total time (years) spent in this ed at this occupation. Other contributory causes of importance: (mo. and yr.) occupation 12. BIRTHPLACE cuity or town a as Cety Detaki Name of operation...... Date of...... 14. BIRTHPLACE (city or town) What test confirmed diagnosis?.... Was there an autopsy?... (State or country) 23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or tow Where did injury occur?.... (State or (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in (Address) 18. BURIAL, CREMATION Manner of injury..... Nature of injury... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased?... (Address)

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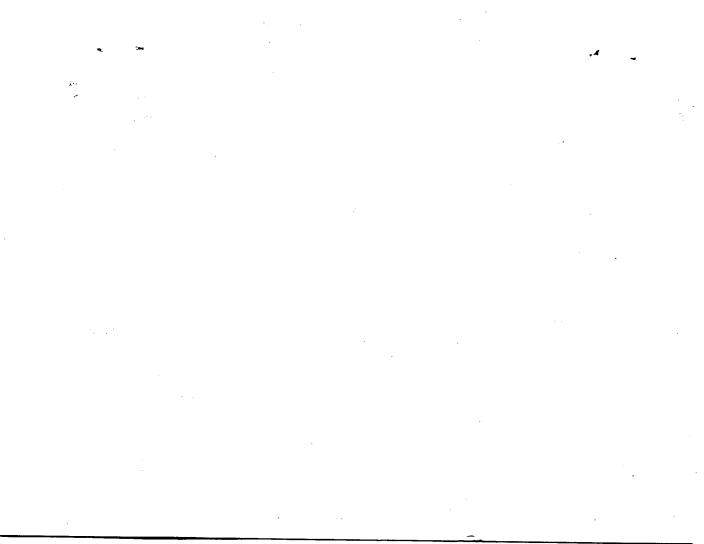
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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

П			
1	PLACE OF BIRTHY FOR THE TANK	1 1 100 TE OF IDAHO	0000
	OKELLIVED JAME	TARTE OF IDAHO	228335
(BUREAU OF VITAL STATISTICS	, 10 0 0 0 0
11	City of Lineston	N	_
		CERTIFICATE OF BIRTH	\mathbf{C}
	No St.		
	Registration Distr	rict No	
-	(If born in hospital or institution Prim Registration	District No	No
-	give name.)	m = alimit 5 mo.	
1	FULL NAME OF CHILD	bstitute the word "Stillbirth" for name of	
		DELITATE CHE WORD STRIBUTED TO MARIE OF	
1	Sex of Twin and Number in order	Legiti- Date of	
	CILILIA V . D OF OTHER? TO DIFLE	mate? W birth	193 4 (Year)
H	(To be answered only in event of plural births)	6000 16	
$\ $	What prophylactic was used to prevent Ophthalmia	Neonatorum? 270 & 9 n. o	
İ	Number of child of this mother, including present birth		. 2
\parallel	Number of child of this mother, including present birth.	Con d	
I	Born alive but now dead.		
I	O OFATHER O	FULL MOTHER	
-	FULL NAME J. S. Flores	MAIDEN Jola Roselar	ougu
-		Residence (Usual place of abode) Wenches	Les Older
1	Residence (Usual place of abode). Latenchester	Residence (Usual place of abode /	
li	It non-resident, give place and State	If non-resident, give place and State	
	Color or race	Color or raceAge at last Bir	rthday 50
	(Years)	Nansas	(Years)
	Birthplace (City and State or County)	Birthplace (City and State or County)	
	Occupation County	Occupation	
	OPPOSITION OF ATTENDIN	G PHYSICIAN OR MEDWIFE.	
	CERTIFICATE OF ATTEMBER	Bern alle	2 <i>9</i>
	The second of the block of this	shild who was Stillhown) at	2 3 _{13 M} .
	I hereby certify that I attended the birth of this on the date above stated.	ciliu, who was (sumborn) at	·
		ignature)	ausis
1	•		
	(*Where there was no attending physician)	(Physician or midwil	M
1	or midwife, then the father, householder,		A
	etc., should make this return. A stillborn	dress Lewiston, Ida	hs
- 1	child is one that neither breathes nor shows other evidence of life after birth.	An a	01.
	Fil	ed Jan 7, 1990 Jan	Barletrar
	_	try of	Caram torrare



STATE OF IDAHO DO NOT WRITE IN THIS SPACE PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of ... ERTIFICATE OF DEATH Registration District No....../ Q.Q.Q. Primary Registration District No .. Local Registrar's No....2. Q. 23 RECORD coursed in a hospital of institution give its name instead of street and number) 2. FULL NAME (a) Residence. No. (If nonresident give city or town and state) (Usual place of abode) Length of residence in city or town where death occurred, yrs, mos, ds, How long in U. S., if of foreign birth? yrs, mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widow. BINDING 21. DATE OF DEATH (month, day and year)/ ed or Divorced (write the word) 22. I HEREBY CERTIFY, That I attended deceased from ba. If married, widowed, or divorced HUSBAND of (or) WIFE of death is said I last saw h. alive on E OF BIRTH, (month, day, and rear) to have occurred on the date stated above, at ! H.S.P.m. The principal cause of death and related causes of impor-7. AGE Years Months Days If LESS than tance were as follows: Date of onset 1 day ... hrs. or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc 9. Industry or business in which UNFADING work was done, as silk mill. saw mill, bank, etc..... supplied. 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) oceppation . 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Date of.... Name of operation... 14. BIRTHPLACE (city or town What test confirmed diagnosis?.... Was there an autopsy?. DEA' (State or country) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. houle QF 16. BIRTHPLACE (cfly or town Where did injury occur?.... (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT nformation (Address) public place. 18. BURIAL, CREMATION Manner of injury..... OCCUP Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased?..... (Address) (Signed) 20. FILED (Address)

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	

umber	DEPARTMENT OF BLIC WELFARE						
2	Com at the discount of the same						
d ti	No Wollace Hospin St.						
and.	Registration District NoState File No						
for each.	(If born in hospital or institution give name.) Prim. Registration District No. 446 Local Registrar's No. 446						
made	2. FULL NAME OF CHILD						
t be ma	3. Sex Wale If plural 4. Twin, triplet, or other 6. Premature 7 8. Date of birth Dec. 6 1934 (MONTH, DAY, YEAR)						
1 80	9. Full FATHER 18. Full MOTHER						
4 ₹ ₹	maiden name Busk maiden Elizabeth Herman						
RETURN	10. Residence (usual place of abode) (If non-resident, give place and State) Wallace Tolo (If non-resident, give place and State) Wallace Tolo (If non-resident, give place and State) Wallace Tolo (If non-resident, give place and State) Wallace Tolo (If non-resident, give place and State)						
184	11. Color or race_White12. Age at last birthday_3 (years) 20. Color of the state of the last birthday 34 (years)						
ATE of bit	13. Birthplace (city or place) Kansas City, Mausan 22. Birthple (State or country)						
SEPARAT	14. Trade, profession, or particular and of work cone, a housekeeper.						
irth, a each, i	sawyer, bookkeeper, etc. 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work work work work work work work work						
2 £ 8	lawyer's office, silk mill, etc. 16. Date (month and year) last						
et a	16. Date (month and year) last engaged in this work spent spent						
. "	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1(b) Born alive but now dead(c) Stillborn 1						
	28. If stillborn, months period of gestation 29. Cause of stillbirth control of gestation 29. Cause of stillbirth control of gestation 29.						
VLX than	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE						
WRITE PLAINLY —In case of more than	I hereby certify that I attended the birth of this child, who was Stall hours, at 3 Pm. on the date above stated.						
P.L	(When there was no attending physician)						
TE	or midwife, then the father, householder, (Signed)						
RIT In ce	Give name added from OF Williamie						
WE 	a supplemental report						
B.	Registrar. Filed Le (2, 1934 Shufburum Registrar.						
ż	vichmen.						

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of of C.	RECEIVED JAN 14 1095 STATE OF ID	ОАНО
of item of uld state	PLACE OF DEATH BUREAU OF VITAL CERTIFICATE O	
Every NS shou ment of	City Registration District No Primary Registration District	70 116
SICIA.	(No Wallas	give its name septend of street and number.)
ENT RECY. Y. PHY	(a) Residence. No	St. (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
IANE) CTLY siffed.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
45#	3.SEX 4. COLOR OF RAGE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, and year) 193
S S S	mai where	22. I HEREBY CERTIFY, That I attended deceased from
E P P S	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	, 193 , to
IS A state roperl	6. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, atm., The principal cause of death and related causes of importance
HIS Id be be p	7, AGE Years Months Days If LESS than 1 day, X hrs. or min.	were as follows: Date of onset
shou may a bacl	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.	
G IN AGE hat it ion o	9. Industry or business in which work was done, as silk mill, saw mill, bank etc	
Lied.	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Other contributory causes of importance:
supplerms,	12. BIRTHPLACE (city or town) (State or country)	S CAN CAN CAN CAN CAN CAN CAN CAN CAN CAN
H H H H	13. NAME CYPTUS! SUSK	Name of operation
VIT refu plai ant.	14. BIRTHPLACE (city or town)	What test confirmed diagnosis?
in in its		Accident, suicide, or homicide? Date of injury
	15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Where did injury occur?(Specify city or town county, and State)
PLAI pn shou F DE	17. INFORMENT MANUE BLACK	Specify whether injury occurred in industry in home, or in public
MUC	18. BURIAL, CREMATION, OR BEMOVAL Place 1984	Manner of injury
WRITI informati GAUSE (PATION	19. UNDERTAKER GYNOCITATION (Address)	24. Was disease or injury in any way related to occupation of deceased?
H C H	26. FILED De 8, 1954 John Bever Registrar.	(Signed) M. D. (Address) Walles Tales

MARGIN RESERVED FOR BINDING

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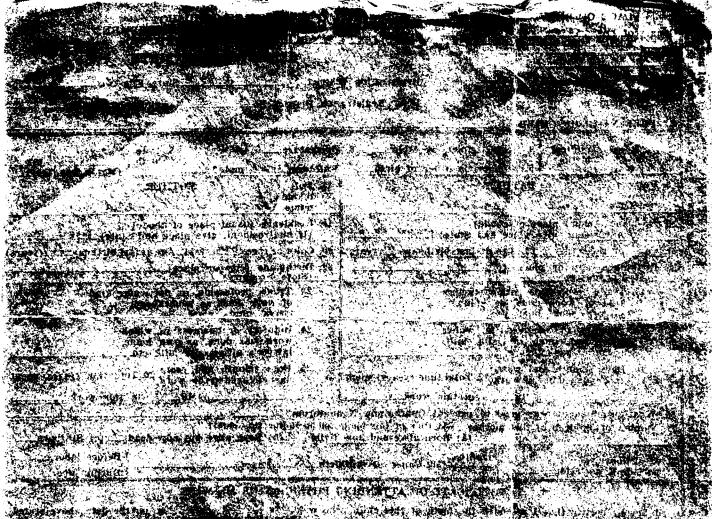
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN			

D. MIN TO PLACE OF BIRTH Inin talle County of PURIO WILLPARE VITAL STATISTICS City of Frien Falls 219-230-06/2-Registration District No.2 State File No. (If born in hospital or institu-Prim. Registration District No. 2085 Local Registrar's No. 2 tion give name.) 2. FULL NAME OF CHILD. N. B. 7. Logiti-[f plural 4. Twin, triplet, or other........... 6. Premature..... 8. Date of 3. Sex birth /2 30 193 34 births Temal 5. Number, in order of birth.... Full term mete? Les RECORD. (Month, Day Tear) 9. Pull FATHER 18. Full MOTHER name (maiden (Warnes Gullenskan name Inca 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State win falls (If non-resident, give place and State) them fall 20. Color or race. | 21. Age at last birthday 44 (years) PERMAN: each, and 13. Birthplace (city or place) Cacha Valley 22. Birthplace (city or place) (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, kind of work done, as spinner, farmer, sawyer, bookkeeper, etc OCCUPATION typist, nurse, clerk, etc..... 15. Industry or business in which 24. Industry or business in which made work was done, as silk mill, work was done, as own home. sawmill, bank, etc..... lawyer's office, silk mill, etc. ዷ 25. Date (month and year) last engaged in this work 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent musi in this work in this work in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead 9 (c) Stillborn. period of gestation full. or weeks 30. Cause of stillbirth mal pure tation. Before labor..... 29. If stillborn. During labor / CERTIFICATE OF ATTENDING PHYSICIAN OR MINWIFE LLAND Jet4:55 m. on the date above stated. I hereby certify that I attended the birth of this child, who was, When there was no attending physician i Langenwalle (Signed) or midwife, then the father, householder, etc. should make this return. Give name added from in Falls a supplemental report..... Address an 2 1985 Filed... Registrar.



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PLACE OF		1935 DEPARTM	ENT OF PUBI U OF VITAL	AHO LIC WELFARE STATISTICS:	DO NOT WRITE IN	
County of Twin				F DEATH	State File No	943
:		" .	District No	37		273
	1	Primary Regi	stration Distric	t No2085	Local Registrar's No.	<i>213</i>
		n a hospital o			of street and number)	مان
2. FULL NAMI	E Fern Bar		Tduha Da	11+4 49	************	* * * * * * * * * * * * * * * * * * *
(a) Residen (Usual Length of residence	place of abode)		Idaho. Ro	(If nonre	sident give city or town in U. S., if of foreign blath:	and state) yrs, mos.
	L AND STATIST				AL CERTIFICATE OF D	
3. SEX	4. Color or Race	5. Single, M	arried, Widow- rced (write the	21. DATE OF DE	ATH (month, day and yes	er)12/30/
Temale	wni te	word) 8	ingle		ERTIFY, That Lattende	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			Litec 30 1934 to Nice 30 1934			
	RTH (month, day			to have occurred	live on, 198∢ on the date stated above	at HAR
7. AGE Yea		Days	If LESS than	The principal cau	se of death and related	Date of o
		0	or min			
8. Trade, prof	fession, or particu ork done, as spi ookkeeper, etc	oner.		Cesans	ria auring	
9. Industry o	or business in wh	ich	• • • • • • • • • • • • • • • •	or Sho	elder presenta	ton
5 saw mill,	bank, etc		 ne (years)			
ાતા હતા સામ દ	this occupation yr.)	spent in t	his	Other contribut	cay causes of importance:	rol.
12. BIRTHPLAC	E (city or town	.Twin.F	alls, Idek	Placent	a Small	
RE	r country)			premeti	ul loosening.	
	Ephraim Ba ACE (city or to		Velley.	Name of operatio	•••	. Date of
State	or country)	U	tan		ed diagnosis? Was th	
15. MAIDEN	NAME Inez	Gyllens	KOE Proja		or homicide? Date	
	ACE (city or to			(S	y occur? pecify city or town, coun	ty, and state
17. INFORMANT (Address	Ephraim B	arnes 11s.Ida	ho	Specify whether	injury occurred in indust	ry, in home,
18. BURIAL,	物非维护作用作用作用	***		Manner of injur	y	
Place.	iler,Idaho		12/01/193.4	Nature of injury	or injur K in any way rela	ted to occup
il	1971a.l.4 - 10 -					
19. UNDERTAK (Address		rtuary. Va.Idab	Inc	of deceased? (Signed)	. If specify	alter

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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN			

	•	PLACE OF BRANCE IVED JAN 1518	86
3	1.	place of Britishing of Living Talls	DEPARTMENT OF PUBLIC WELFARE
2 II			BUREAU OF VITAL STATISTICS 9992121
包		Buch Jones on	CERTIFICATE OF BIRTH
3	110,	Bonistmation I	District No. State File No.
S	(If		
rder of birth	tio	give name.)	ation District No. 20 Local Registrar's No
Ö	2.	FULL NAME OF CHILD Stillborn	
4		Ser (a If plural 4. Twin, triplet, or other6.	Buematina & 7 Legitle 8 Date of
3	3.	Metha)	
5		5. Number, in order of birth	Full Dermander (Month, Der Teer)
<u>ا</u> ة	9.	Full FATHER	18. First MAOTHER maiden 2/ 0 MOTHER
sach, and the number of		Dayd Herman Anwkies	name To Catherine Dewal
3	10.	Residence (usual place of abode)	19. Residence (usual place of abode)
9		Residénce (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) 20. Color or race
g	11.	Color or race 12. Age, at last birthday (years)	22. Birthplace (city or place) Line Calley (line)
3	18.	(State or country)	(State or country)
er.		14. Trade, profession, or particular	23. Trade, profession, or particular kind
3	z	kind of work done, as spinner, sawyer, bookkeeper, etc	of work done, as housekeeper, typist, nurse, clerk, etc.
3	TION	15. Industry or business in which	M. Industry or business in which
	⋖	work was done, as silk mill,	work was done, as own home,
	COOL	sawmill, bank, etc.	
must or	ğ.,	16. Date (month and year) last engaged in this work 17. Total time (years) spent	25. Date (month and year) last engaged in this work 26. Total time (years) spent
≰	_	19 in this work	H !
	97	What prophylactic was used to prevent Ophthalmia No	
	28.	Number of shildren of this mother (At time of this birt)	h and including this child)
3		(a) Born alive and now	v living(b) Born silve but now dead(c) Stillborn
Me Ketara	29.	If stillborn, months 30 Cause of still	Whiteh Severe weening & Before labor
		period of gentation 9 100. or weeks 30. Cause of the	this presenting delivery During labor
Š		CERTIFICATE OF ATTENDIN	NG PHYSICIAN OR SOWHER US
		I hereby certify that I attended the birth of this child,	who was tillian m. on the date above stated.
şÌ	,		The state of the s
ž	}	or midwife, then the father, householder,	Rigned) M. D.
2	1		, Midwife
3	Giv	ve name added from supplemental report	idress Bull - Idaha ////
E E	- '	(Date of)	
2	·	Registrar.	10d /- 4 1985 HUMPE
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II .	CELVED.		STATE OF IL	АНО	DO NOT WRITE IN	WITTE ET LOW
County of.	1/11/10/11/11	BURE	AU OF VITAL	LIC WELFARE STATISTICS	919	50 SPACE
City of	Buhl	CERTII	FICATE (OF DEATH	State File No	
1		Registration	District No	34		
1		Primary Re	istration Distri	INO YVIT	Local Registrapy No	
	(If death ocourred	(No	or Vettution	eneral of	of street and number)	\0
2. FULL		y)	Nawk	ice	or street and number)	\mathcal{Y}_0
(a) R	esidence. No				.st,	
Length of re	Jsual place of abode) sidence in city or town	where death	occurred. yrs.	(If nonres	sident give city or town a n U.S., if of foreign birth?	nd state) yrs, mos.
PER	SONAL AND STATIST				AL CERTIFICATE OF DE	ATH
1001	4. Color of Race	ed or Div word)	carried, Widow.	21. DATE OF DEA	ATH (month, day and yea	r) /2 /3/1
5a. If mar	ried, widowed, or dive	-	rugle	22. I HEREBY CI	ERTIFY, That I attended	deceased fr
(or) W	IFE &				., 193, to	198.
6. DATE (FERTH (month, da	and year)	1934	11	Hve on	A
7. AGE	Years Months	Days	If LESS that	·	se of death and related o	Date of on
l P Dro d			or mir	'II a	in uterus	
s. Irad	e, profession, or partic of work done, as sp yer, bookkeeper, etc	inner.		300	das Ria	'
5 9. Indu	stry or business in wilk was done, as silk mi	nich		birth	Muske	
5 saw 0 10. Dat	mill, bank, etc e deceased last work.	11. Total ti	me (vears)	to der	ermuecau	٠
o ed (mo.	at this occupation and yr.)	spent in occupates	this	Other contribute	ory causes of importance:	
12. BIRTH	IPLACE (ett) or town	,	uns.	-		
œ l	ate or country)	2/200	t in	-		
13. NA	THPLACE (city or to	STAILS	me.	Name of operation	none	Date of
# 11 DI	(State or country)		Kausa.	1.	ed diagnosis? Was the	
15. MA 16. BIF	IDEN NAMEOTA.	Cathr	ine Duva	the following:	iue to exter'l causes (violor homicide? Date	
16. BIF	THPLACE (city or to (State or yountry)	(1)	Teval	Where did injury	y occur?	
17. INFOR	MANT OMS. CR	asol	wal		njury occurred in industr	
	L, CREMAÇION OR	LEMOVAL	un	N-		
ll:	ce	L:. Wate	2/4/	Nature of injury.		
19. UNDE	RTAKER	TI Sect	Buch	24. Was disease	or intery in any way relat	ed to eccupat
20. FILED	X 7/2	17/11	Turb 199	(Signed)	Teo Jem	M
		1 VI VU	WEARING	(Address)	······	.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EXAMPLE 1

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

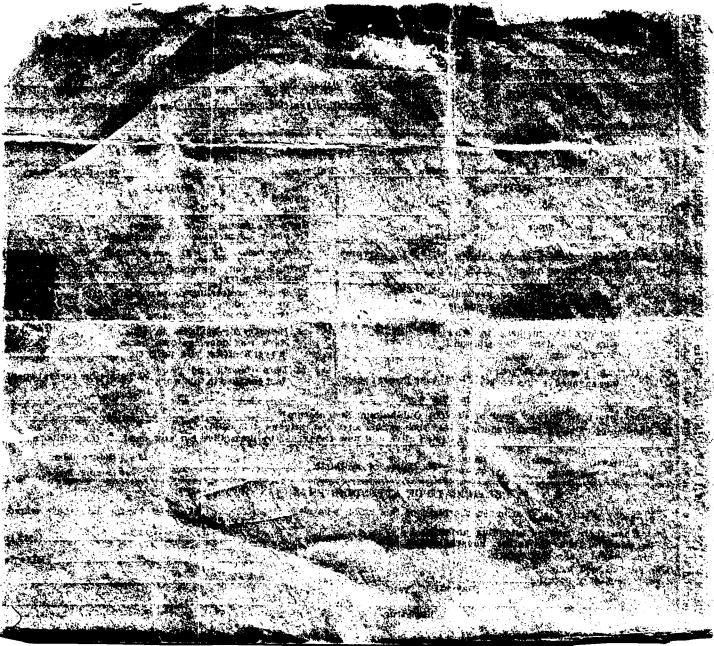
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or Injuries. Examples:

EVAMBLE II

		DATAINI EE 11	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other contributory causes of importance: Gastroentcritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	
***************************************			~~~·~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

County of Source St.	1996 PARTHERY OF IDAHO BURBAU OF VINEL STATISTICS 228500 CERTIFICATE OF BIRTH
(If born in hospital or institu- tion give name.)	Registration District No. 2.160 Local Registrar's No. 5/1
2. FULL NAME OF CHILD.	or other
(If non-resident; give place and State) 11. Color or race 12. Age at last bir 13. Birthplace (city or place) (State or country) 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc 16. Date (month and year) last engaged in this work in this	19. Residence (usual place of abode) (If non-resident, give place and Gate) 20. Color or race
28. Number of children of this mother (At (a) Bo	t Ophthalmia Neonatorum? time of this birth and including this child) rn alive and now living. (b) Born alive but now dead. (c) Stillborn. 1. 0. Cause of stillbirth. Before labor. During labor.
CERTIFICATE I hereby certify that I attended the birt When there was no attending physicis or midwife, then the father, householded etc., should make this return. Give name added from a supplemental report.	th of this child, who we have stated the first of this child, who we have stated the child, who we have stated the child, who we have stated the child, who we have stated the child, who we have stated the child of
Give name added from a supplemental report(Date of)	Address Downey Josho,



PLACE OF BIR STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No..... Prim. Registration District No. 1004 Local Registrar's No. give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Date of Dec 26 Twin Number Sex of Legiti-Triplet in order Child birth or other? of birth mate? 44 (To be answered only in event of plural births) (Month) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth (a) Born alive and now living Born alive but now dead.....Stillborn FATHER MOTHER FULL MAIDEN Residence (Usual place of abode) 410 S 31d Residence (Usual place of abode) _______ If nonresident, give place and State If nonresident, give place and State. Age at last Birthday 57 Age at last Birthday. Birthplace. (City and State or Country) ity and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDW I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) *Where there was no attending physician or midwife, then the father, householder, (Physician or midwife) etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Registrar. The state of the s

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PLACE OF DEATH DEPARTMENT OF PUBLI						
1	Ada		J OF WITAL		91	552
		CERTIFI	CATE O	F DEATH	State File No	
City of	Boise	Decistration T	istrict No	2		
ļ		_		· /		372
		Primary Regis	tration District	No 1004	Local Registrar's No	
1	(If don't converse	(NoSt	. Lukes l	lospital.	of street and number)	206
2. FUL	L NAME Infa			ve its name instead	or street and number,	206
1		470 C Z		··········	······································	a- 194
(a)	(I'sual place of abode)		**************************************	(If nonre	.St. sident give city or town ar	d state)
Length	f residence in city or tow	n where death oc	curred, yrs.		in U.S., if of foreign birth?	
11	ERSONAL AND STATIS				AL CERTIFICATE OF DEA	
3. SEX	_	ed or Divor	ced (write the	21. DATE OF DEA	ATH (month, day and year	12/26 193
	le White		ngle	22. I HEREBY C	ERTIFY, That I attended	deceased from
HUS	narried, widowed, or div BAND of	vorced			., 193, to	, 193
	WIFE of E OF BIRTH (month, d	av and vear)		I last saw ha	live on 193	: death is said
3. 13.11	Dec.26.19			to have occurred	on the date stated above,	atm.
7. AGE		Days	If LESS than	tance were as	se of death and related cafollows:	Date of onset
∥ St	ill Born		or min.			
8. T	rade, profession, or parti	cular		for the same of th	······································	
010	awyer, bookkeeper, etc.			ty	£	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc				- Lon	
5 10.					<i>-</i>	
3 6	d at this occupation mo. and yr.)	spent in the occupation		Other contribut	ory causes of importance:	
		n) Boise				
12. BH	RTHPLACE (city or tow (State or country)	''') Taan	<u>o</u>			
E 13.	NAME Alfred E	Cavines	g			. '
	BIRTHPLACE (city or (State or country)	town)		II .	n	
EA.	(State or country)	Iowa			ned diagnosis? Was ther	
15.	MAIDEN NAME Dai	sy M. Ogr	en	II AL Gallawelmen	due to exter'l causes (viole or homicide? Date	
0 16.	BIRTHPLACE (city or (State or country)	_{town)} Id a h	.0	Where did injur	y occur? pecify city or town, county	, and state)
17. INI	FORMANT Alfred (Address) 410-5	E. Cavin	ess	Specify whether	injury occurred in industry	, in home, or in
18. BU	RIAL, CREMATION OR		/		y	
	Place Morris Hil			Nature of injury	or injury in any way relate	ed to occupation
19, UN	DERTAKER Summe	rs & Kreb	s		or injury in any way related	
		Idaho	hode	(Signed)	UMPAHHI	M. D.
20. FII	LED. A. 1984	. 5. 6. 1	Registrar.	(Address)	Bours Ida	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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EXAMPLE

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STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

LAMIFLE		EXAMPLE II				
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago			
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year			
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN				

STATE OF IDAHO. DEPARTMENT OF PUBLIC WELFARE County of Anda N. B.—In case of more the BURDAU OF VITAL STATESTIC City of Boise CERTIFICATE OF RIRTH No.... Registration District Mb. (If born in houself of institu Prim. Registration District No. 1004 Local Registrar tion give name.) nut not arive 2. PULL NAME OF CHILD _____ 7. Legiti-If plural 8. Date of 3. Sex births birth..... mate? 5. Number, in order of birth.... Full term. RECORD. MOTHER 9. Full FATHER 18. Full maiden 🖊 name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) PERMANENT each; and the 11. Color or race, ... | 12. Age at last birthday. Lk (years) 20. Color or race. 12. | 21. Age at last birthday. 2. (years) 22. Birthplace (city or place)..... 13. Birthplace (city or place)..... (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, typist, nurse, clerk, etc. kind of work done, as spinner, sawyer, bookkeeper, etc 24. Industry or business in which 15. Industry or business in which made work was done, as silk mill, work was done, as own home. lawyer's office, silk mill, etc. sawmill, bank, etc..... 16. Date (month and year) last engaged in this work 17. Total time (years) spent Date (month and year)
 last engaged in this work
 26. Total time (years) spent
 . , 19 in this work in this work in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNFADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2. (b) Born alive but now dead. ...(c) Stillborn Before labor..... WITH UNE 29. If stillborn, During labor..... CERTIFICATE OF ATTENDING PHYLICI I hereby certify that I attended the birth of this child, who was 2m. on the date above stated. When there was no attending physician / (Signed) or midwife, then the father, householder, etc. should make this return. Give name added from Address Bress a supplemental report..... cbil (Date of) Registrar.

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	STATE OF ID.	AHO		
PLACE OF DEATH	DEPARTMENT OF PUBI		DO NOT WRITE IN T	HIS SPACE
County of Boise	CERTIFICATE O	The state of the s	State File No	1554
	Registration District No	2		20 00 00 1 00 0000
	Primary Registration Distric	No. 1004	Local Registrar's No	3034
	(NoSt. Lukes	Tognite!	·······	
2. FULL NAME	ed in a hospital or institution, gi- Baby Lee	ve its name instead	of street and number)	206
		·	Boise	s and
) (Usual place of abode	1)	' (Tf monma	.Dt	id state)
PERSONAL AND STATE	wn where death occurred. yrs.	(1	· · · · · · · · · · · · · · · · · · ·	
	ace 5. Single, Married, Widow.		AL CERTIFICATE OF DEA	
	ed or Divorced (write the	21. DATE OF DE	ATH (month, day and year	12-19193
5a. If married, widowed, or d	S.		ERTIFY, That I attended	
HUSBAND of (or) WIFE of			193 to	
6. DATE OF BIRTH (month,	day, and year)	I last saw h/Ma	on the date stated above,	: death is said
7. AGE Years Month		The principal cau	se of death and related ca	
	1 day, hrs. or min.	tance were to	follows:	Date of onset
8. Trade, profession, or par	ticular	1/41	larra-	
kind of work done, as snwyer, bookkeeper, etc				
snwyer, bookkeeper, etc. 9. Industry or business in work was done, as silk snw mill, bank, etc	mill,			,
2 10. Date deceased last wor	k- 11. Total time (years)			
ed at this occupation (mo. and yr.)	on spent in this occupation	Other contribut	ory causes of importance:	į
12. BIRTHPLACE (city or to		·	····	.
(State or country)			Ruswa	
13. NAME (. B. Le	3 6 · · · · · · · · · · · · · · · · · ·	Name of operatio	n	Date of
13. NAME C. B. Le 14. BIRTHPLACE (city or (State or country)	town)	1	ned diagnosis? Was ther	
	therire Lemp	23. If death was	due to exter'l causes (viole	
		the following: Accident, suicide,	or homicide? Date	of injury, 193
State or country)	town)BoiseIdah.o.		y occur? pecify city or town, county	, and state)
17. INFORMANT	erbert Temp	Specify whether	injury occurred in industry	, in home, or in
18. BURIAL, CREMATION OF	R REMOVAL BOISE	D .	······	
Place. Morris. V.		Z II (()	· · · · · · · · · · · · · · · · · · ·
19. UNDERTAKER .W	Bratney Boise	#	njury in any way relate	ed to ecompation
(Address)	41 2/ Ch 200	of deceased?	of the specify	X NI D
20. FILED	Registrar.		Drise	

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EYAMPIE II

EAAMFLE I	18.4	EXAMPLE II				
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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other contributory causes of importance: Gastroenteritis	1 year			
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN	1			

PLACE OF MATEUTER 7- 1985 n case of more than order of birth stated STATE OF IDAMO County of ada DEPARTMENT OF PURISO WHERE BURBAU OF VITAL STATISTED City of Borne CERTIFICATE OF BIRTH No.4.4 Registration District No. State File No. (If born in hospital or institution give name.) Prim. Registration District No. 2. FULL NAME OF CHILD. nau 9 -X B. 4. Twin, triplet, or other........... 6. Premature [f plural 8. Date of 3. Sex 7 births birth. mete ? Z. 5. Number, in order of birth..... Full term..... RECORD. 9. Full FATHER 18. Full MOTHER name maiden > Mary name 10. Residence (usual place of abode) 19. Residence (nausi place of abode) PERMANENT each, and the (If non-resident, give place and State) F (If non-resident, give place and State) 11. Color or race. 22. | 12. Age at last birthday 22 (years) 20. Color or race. 22. | 21. Age at last hirthday (years) 13. Birthplace (city or place) Laska Loss. 22. Birthplace (city or place) a fault !! (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, kind of work done as spinned OCCUPATION TION sawyer, bookkeeper, etc typist, nurse, clerk, etc..... 15. Industry or business in which 24. Industry or business in which INK-THIS I work was done, as silk mill. work was done, as own home. sawmill, bank, etc..... lawyer's office, silk mill, etc. ____ 25. Date (month and year) last engaged in this work 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Beturn 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living...(b) Born alive but now dead...(c) Stillborn...(... months Before labor..... 29. If stillborn, or weeks 30. Cause of stillbirth..... period of gestation During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE et 2:25 ms on the date altove stated. I hereby certify that I attended the birth of this child, who was dill INLY MATA When there was no attending physician ! (Signed) or midwife, then the father, householder. etc., should make this return. Midwife Give name added from a supplemental report..... chfj Address (Date of) Filed..... Registrar.

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should ent of	PLACE OF DEATH County of Ada	STATE OF IDA DEPARTMENT OF PUBL BUREAU OF VITAL S	IC WELFARE	DO NOT WRITE IN	31551
ANS statem	City of Boise	CERTIFICATE O	F DEATH	State File No	
ORD. Every HYSICIANS Exact state		Registration District No	2		361
SiC act		Primary Registration District	No. 1004	Local Registrar's No.	
5A	(If death occurred) 2. FULL NAME Delene	(No. <u>St Lukes H</u> I in a hospital or institution, give Knauff.	ospital	street and number)	206
ENT RECTLY.	(a) Residence. No		Idaho. St (If nonresid	ent give city or town	and state)
Z & Z.3	PERSONAL AND STATE			CERTIFICATE OF D	
RMA R EX d EX operly certif	3. SEX 4. Color or Ra Female. White.	ce 5. Single, Married, Widow- ed or Divorced (write the wordng Le	21. DATE OF DEAT		r) / 198 4
BINI A PE state e pre	5a. If married, widowed, or di HUSBAND of (or) WIFE of			TIFY, That I attende	•
OR S IS.	6. DATE OF BIRTH (month, o	lay, and year) Pr. 11. 1934.	I last same beauto to have occurred on	the date stated above	
THI bould it is	7. AGE Years Months	Days If LESS than 1 day, hrs. or min.	The principal cause tance were as follower	of death and related lows:	Date of onset
NK CGE s that	8. Trade, profession, or part kind of work done, as a sawyer, bookkeeper, etc.	icular	Still by		
RESE NG I I. A ns, so	9. Industry or business in work was done, as silk	which nill.	cord	zound	.,
RGIN NFADI supplied ain tern nt. Se	10. Date deceased last worked at this occupation (mo. and yr.)	n spent in this	Other contributory	causes of importance:	
₹⊃₹वर्ध	12. BIRTHPLACE (city or town (State or country)	vn). Boise, Idaho.			
F.F. in or	13. NAME Wayne. M.	Knauff.			
WIT care ATH	13. NAME Wayne. M. 14. BIRTHPLACE (city or (State or country)	town) Clarkston Washington.	1	diagnosis? Was the	
VLY, ld be DE		Elizabeth Clayvi	23. If death was due	to exter'l causes (vio	of injury193.
should E OF I		town) Oregon	Where did injury	occur?bify city or town, count	
E Figur		F 1. Bolse, Idano.	1	ury occurred in industr	y, in home, or in
WRITE formatic ate CAU CCUPA	18. BURIAL, CREMATION OR MOTTISACHILL COMETO			• • • • • • • • • • • • • • • • • • • •	
WRIT informate state CA	10 HANDER Summe	rs & Krebs.		injury in any way rela	
m i	20. FILED 1.2 1.3, 1934.	WX Khade Registrar	(Signed) (Address)	13000	ele, M. D
Z	<u> </u>	Rosiou al.	1 (24441 444)	<i></i>	· · · · · · · · · · · · · · · · · · ·

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		1 CHOMUS	3 days ago				
Other contributory causes of importance:		Other CONTRIBUTION					
Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year				
		•					
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN					
		•					
		•					

n case of more than order of birth stated STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of... BURBAU OF VITAL STATISTICS City of _____ CERTIFICATE OF BIRTH Registration District No. State File No. (If born in hospital or institu-Prim. Registration District No. 100 tion give name.) Local Registrar's No. 2. FULL NAME OF CHILD. N. W. B.-4. Twin, triplet, or other........... 8. Premature 7. Legiti-If plural 3. Sex 8. Date of births tumale RECORD. 5. Number, in order of birth... Full term.... mate? 9. Full FATHER 18. Full number MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) the 11. Color or race Zelland 12. Age at last birthday L. (years) 20. Color or race Walls 21. Age at last birthday # (years) (State or country) (State or country) each, 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, sawyer, bookkeeper, etc OCCUPATION 24. Industry or business in which made work was done, as own home. lawyer's office, silk mill, etc. 2 25. Date (month and year) last engaged in this work 26. Total time (years) spent must NK There in this work. 19...... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING S Separate Return 28. Number of children of this mother (At time of this birth and including this child) Before labor. 40x months 29. If stillborn. or meaks 30. Cause of stillbirth During labor V to period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAL OR all'm. on the date above stated. I hereby certify that I attended the birth of this child, who was PLAINLY d at birth When there was no attending physician / (Signed) or midwife, then the father, householder, etc. should make this return. Give name added from child a supplemental report..... Registrar.

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de	PLACE OF BIRTIE U S CO 1 3 1955	STATE OF IDAHO
CORD be mad	County of Mankly	DEPARTMENT OF PUBLIC WELFARE) //
RECORD ast be ma	11/0 +	BUREAU OF VITAL STATISTICS
	City of	CERTIFICATE OF BIRTH
RE	No St.	228965
₽Ħ.,	Registration Die	strict No
IS A PERMANEN ARATE RETURN der of birth stated	.= a	,
353	give name.) Prim. Registrati	on District No. 2.//. Local Registrar's No
PET	FULL NAME OF CHILD	** ************************************
E RE	(If stillborn, s	substitute the word "Stillbirth" for name of child)
	Sex of Twin Number	Legiti- /. Date of
ATE	Child or other?	mate? W birth LLC at 1934
S H is	(To be answered only in event of plural birth	(Month) (Day) (Year)
HIS IS SEEPAR In order	What prophylactic was used to prevent Ophthalmia	Neonatorum? 29007103
H SE	Number of child of this mother, including present birth	H (a) Bonn allow and no Value of
H & 2) A	,
NK— birth each	Born alive but now dead.	Stillborn
7 0 1	FULL Solver (FITHER)	FULL MOTHER MOTHER
at h	NAME award I fluth swamply	NAME . Quilla I affel
Žeš	Residence (Usual place of abode) WISTON OF A	Residence (Usual place of abode) ////
FADIN e child number		-
F.A	It non-resident, give place and State	If non-resident, give place and state
UNE one he m	Color or race What Age at last Bythday AYears)	Color or race All Age at last Birthday 30
	Birthplace Maun alasso	Birthplace Jolls Million (Xears)
than than	(City and State or County)	(City and State or County)
- GS 1	Occupation AMMIN	Occupation Would
LY W more	CERTIFICATE OF ATTENDI	NG PHYSICIAN OR MIDWIFE.
1		1.20
Fo of	I hereby certify that I attended the birth of this on the date above stated.	child, who was Stillborn
PLA case		The second second
A 8	G	Signature)
E.E	*Where there was no attending physician	Ampician
WRITE B.—In	or midwife, then the father, householder,	(Physician or midwife)
B A	etc., should make this return. A stillborn child is one that neither breathes nor	dress hogan of work
-	shows other evidence of life after birth.	7 / 5
	Fi	led-110 8 1935 5/14/1960
		Registrar.

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WIVED 13 13 1985 STATE OF IDAHO PLACE-OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE Exact statement BUREAU OF VITAL STATISTICS RECORD. Every State File No..... Registration District No...... Primary Registration District No..... Local Registrar's No...... (No. tal or institution, give its name instead of street and number) 2. FULL NAME... (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widow. ed or Divorced (write the 21. DATE OF DEATH (month, day and year) word) HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of 193. 4, to (or) WIFE of 6. DATE OF BIRTH (month, day and year) to have occurred on the date stated above, atm. AGE Months The principal cause of death and related causes of impor-Days If LESS than 1 day,... hrs. or min Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work-11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) occupation 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME (DEATH Name of operation...... Date of...... 14. BIRTHPLACE (city or town) What test confirmed diagnosis? - Was there an autopsy? . . (State or country) MOTHER 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME/ the following: Accident, suicide, or homicide?..... Date of injury..., 193. **OF** 16. BIRTHPLACE (city or town) Where did injury occur?..... (State or country) (Specify city or town, county, and state) AUSE ATIO 17. INFORMANT regify whether injury occurred in industry, in home, or in CAUS (Address) state CA OCCUPA 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... Place. Western Soluto Date....., 193. Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER (Address) of deceased?.... (Signed) dogun (Address)

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additional space		HER STATEMENTS BY PHYSICIAN		

STATE OF IDAHO PARIMENT OF PUBLIC WILLPAR County of Z BURBAU OF VITAL STATESTICS City of..... CERTIFICATE OF BERTH Registration District No. LOQ State File No. (If born in bospital or institution give name.) 2. FULL NAME OF CHILD m 5 4. Twin, triplet, or other........ 6. Premature X 7. Legiti-[f plural A Date of 3. Sex births hirth 5. Number, in order of birth..... RECORD. Full term..... 9. Full 18. Full MOTHER. name. maiden 4 Marce name 10. Residence (usual place of abode)
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M 700 G	Registration District No Primary Registration District	, · · · · · · · · · · · · · · · · · · ·
CORD. I	(No. St. Joseph H. (If death occurred in a hospital or institution,	
3 %	2. FULL NAME Infant of Alex Fu	
E E E	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town and state)
ANEN GTLY. fied. 1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
უ <u>4</u> წ <u>წ</u>	3.SEX 4. COLOR OR RACE or Divorced (write the word)	21. DATE OF DEATH (month day, and year) Acc., 2 6. 193 #
BINDIN A PERM ited EXA irly class ie.	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	I last saw h alive on Mill Comma 198 : death is said
R R E E	6. DATE OF BIRTH (month, day, and year) Dec. 26, 1934	to have occurred on the data stated above at
HIS I	7. AGE Years Months Days If LESS than 1 day, hrs. or min.	were as follows: Date of onset
VED -THI should ary be	8. Trade, profession, or particular	Cremature - XILLAGTA
ESER INK AGE	8 Aind of work done, as spinner, 8 sawyer, bookeeper, stc	
H H H	16. Date deceased last worked at this occupation (month and year) 17. Total time (years) spent in this occupation	Other contributory causes of importance:
MARGIN UNFADI y supplied terms, so i	12. BIRTHPLACE (city or town) Lewis ton, Idaho (State or country)	
F to Varia	13. NAME Alex Fuchs 14. BIRTHPLACE (city or town) Uniont Own, Wn.	Name of operation Date of
WITH carefull n plain it. See	14. BIRTHPLACE (city or town) Uniontown, Wn. (State or country)	What test confirmed diagnosis?
7 5 5	15. MAIDEN NAME Marie Ester Ruf	Accident, suicide, or homicide? Date of injury
LAINLY, should be DEATH y importa	15. MAIDEN NAME Marie Ester Ruf 16. BIRTHPLACE (city or town) Germany (State or country)	Where did injury occur? (Specify city or town county, and State)
	17. INFORMENT ALEX Fuchs (Address) Uniontown Wash	Specify whether injury occurred in industry in home, or in public place.
TE P rtion g OF	18. BUNKE, CRIMATION, OR REMOVAL Place Uniontown Wash. Date 12/29 1934	Manner of injury
WRITE I information CAUSE OF	19. UNDERTAKER VASSAR—Shaughnessy—Rawls (Address) Lewiston Idaho	24. Was disease or injury in any way related to occupation of deceased?
	20. FILED Jan. 8, 1935 S. M. Lole	(Signed)
Ż	Ay L Abgistrar.	(Address)

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		

rcolo PLACE OF BIRTH STATE OF IDAHO Countrol Talla DEPARTMENT OF PURISH WELFARE BURBAU OF VITAL BYATISTICS CERTIFICATE OF BIRTH State File No. Registration District No. (If born in hospital or institu-9085 Local Resistrare No. tion give name.) Prim. Registration District No. 2. FULL NAME OF CHILD 4. Twin, triplet, or other......... 7. Legitiff plural 6. Premature.... 8. Date of births birthe 5. Number, in order of birth. O. Full term. Q.... RECORD. meter 9. Full FATHER MOTHER 18. Full name maiden Tlende soul name 10. Residence (usual place of shode) 19. Residence (usual place of abode) (It non-resident, give place and State) (If non-resident, give place and State) 11. Color or racell.... 12. Age at last birthday 22 (years) 20. Color or race. [4]... | 21. Age at last birthday [(year) 13. Birthplace (city or place Lellics & Pain 22. Birthplace (city or place) (State or country) Tennessel. (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. kind of work done, as animage sawyer, bookkeeper, etc 24. Industry or business in which 15. Industry or business in which be made work was done, as own home, work was done, as silk mill. Mon lawyer's office, slik mill, etc. sawmill, bank, etc. 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year)

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THE DESIGNATION OF STREET

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n (CEIVED -ER 1º 1985 DEPART	STATE OF IDAHO MENT OF PUBLIC WELFARE	
4 1		AU OF VITAL STATISTICS	DO NOT WRITE IN THIS SPACE
	PLACE OF DEATH	TIFICATE OF DEATH	State File No. 92358
	unty of Living a land	n District No. 37	
Cit	y of Twin Falls Registration	d District 140	Local Registrar's No
	Primary R	egistration District No. 2085	
	(No(No. hospital	inty General Hospital or institution, give its name instead of strong	set and number.)
_			~
2.	FULL NAME Baby Aiken	erly, Idaho st	•
	(a) Residence. No. Name (Usual place of abode)	st.	(If nonresident give city or town and State) S., if of foreign birth? yrs. mos. ds.
Le	ength of residence in city or town where death occurred.	yrs. mos. ds. How long in U.	S., if of foreign birth? yrs. mos. ds.
	PERSONAL AND STATISTICAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH
8.	SEX 4. COLOR OR RACE 5. Single, or Divorced	Married, Widowed, 16. DATE OF (write the word)	
	female white		$\frac{\text{Dec.} 27,1934}{\text{(Month)}} \frac{19}{\text{(Day)}} \frac{19}{\text{(Year)}}$
58.	. If married, widowed, or divorced HUSBAND of		CERTIFY, That I attended deceased from
	(or) WIFE of	Dec. 27.1	.934, 19, toDec. 27, 1834
_	DATE OF BIRTH (month, day and year) Dec. 2		CHATT home
_		10 T 7000 Alan 1 Jan	occurred, on the date stated above, at
		hrs. or	DEATH* was as follows:
	OCCUPATION OF DECEASED	dilli.	
ъ.	+	Prematu	re, 4½ months gestation
	(a) Trade, profession, or particular kind of work		
	(h) General nature of industry, business, or establishment in		(duration)mosmos.
	which employed (or employer)	CONTRIBUTOR	a y
	(c) Name of employer	(Secondary)	
_	BIRTHPLACE (city or town) Twin Falls,	Triaho	(duration)yrs,mos,
9.	State or country)		disease contracted
	10. NAME OF FATHER	- 11	precede death? Date of
	Mack H. Aiken	•	autopsy?
22	11. BIRTHPLACE OF FATHER (city or town)	What test confi	med diagnosis?)
Z	Tellico, Plain	ns, Tenn (Signed)	Maus, M
PARENTS	12. MAIDEN NAME OF MOTHER	Dec.27,	1934 (Address) Kimberly, Idal
¥	12. MAIDEN NAME OF MOTHER Josephine	Bush	
	13. BIRTHPLACE OF MOTHER (city or town)	*State the DI CAUSES, state	SEASE CAUSING DEATH, or in deaths from VIOLE (1) MEANS AND NATURE OF INJURY, and ENTAL, SUICIDAL, or HOMICIDAL.
	Wellington,	Colo whether ACCID	ENTAL, SUICIDAL, or HOMICIDAL.
14	Informant mack & ach	19. Place of B	rial, Cremation, or Removal Date of Burial
	(Address)	Italis:	11
	(Aduress) / Contract		
15	1 AhA	() 20. Undertaker	Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman." "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure,"
"Hemorrhage," "Inanition," "Marasmus," "Old age,"
"Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

spinal fever (the only definite synonym is "Epidemic

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

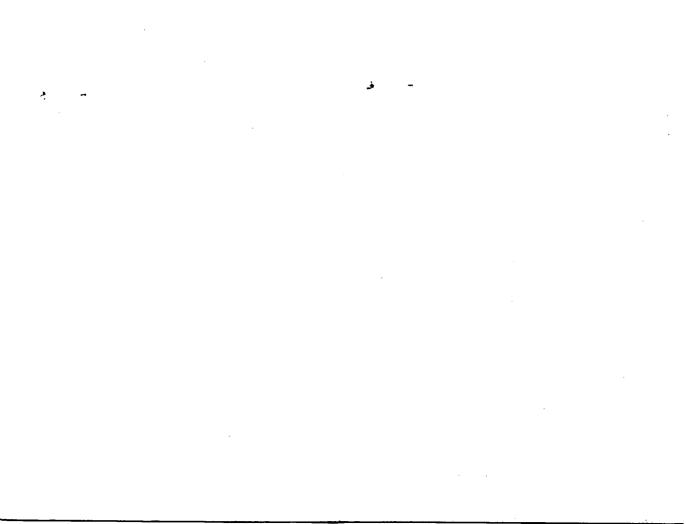
MAR I HOU In case of more then in order of birth stated. PLACELOF BIRTH STATE OF IDAHO MET OF PURISC WELFA County of BURNAU OF VITAL STATISTICS City of 13. CERTIFICATE OF BIRTH No..... Registration District No. /// (If born in hospital or meditu-Prim. Registration District No. 2/96 Local Registration No. tion give name.) 2. FULL NAME D CHILD N 60 8 4. Twin, triplet, or other....... 6. Premature 7. Legiti-If plural 8. Date of 3. Sex ⊐ births hirth RECORD. 5. Number, in order of birth.... Full term... meta . 9. Full 18. Full SOTHER number name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of shode) (If non-resident, give place and State) PERMANENT each, and the (If non-resident give place and State) 11. Color or race M/ 12. Age at last birthda (yara 20. Color or race. | 21. Are of legiorithde 22. Birthplace (city or place) (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, of work done, as housekeeper. OCCUPATION typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which made work was done, as silk mill. work was done, as own home. sawmill, bank, etc..... lawyer's office, silk mill, etc. 25. Date (month and year) 26. Total time (years) spent 8 16. Date (month and year) last engaged in this work 17. Total time (years) spent must in this work..... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ... WITH UNFADING Separate Return 28. Number of children of this mother (At time of this birth and including this child) Before labor..... months 29. If stillborn. or weeks 30. Cause of stillbirth..... period of gestation 6 During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OF m. on the date above stated. I hereby certify that I attended the birth of this child, who was WRITE PLAINLY one child at birth When there was no attending physician ! (Signed) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report....(Date of) Address Feb 28 1985 dayse Registrar.

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STATE OF IDAHO County of Canyon. DEPARTMENT OF PUBLIC WILLFARD BUREAU OF VITAL STATISTICS Olty of Caldwell. 230586 -In case of mor CERTIFICATE OF BIRTH 202 89 19 Memorial tark Hosp Registration District No. _____State File No. ____ (If born in hospital or institu-Prim. Registration District No. 2005 Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD .. pirth N. B. 8. Date of [f plural 3. Sex births mete! 125 5. Number, in order of birth..... Full term..... RECORD. FATHER MOTHER 9. Full 18. Full name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) dano . PERMANENT each, and the (If non-resident, give place and State) Jano. 11. Color or race...(A) . | 12. Age at last birthday 21. (years) (State or country) (State or country) sansas. 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner a borer of work done, as housekeeper. typist. nurse. clerk, etc. 24. Industry or business in which 15. Industry or business in which made work was done, as own home. THIB lawyer's office, silk mill, etc. Nousewife 25. Date (month and year) 26. Total time (years) spent Ą 16. Date (month and year) must · Present 19 Present 19 in this work..... in this work. A.t. fl..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING B Separate Betura 28. Number of children of this mother (At time of this birth and including this child) Before labor. 29. If stillborn. During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSLE I hereby certify that I attended the birth of this child, who was at com. on the date above stated. LINLY When there was no attending physician / or midwife, then the father, householder, B etc. should make this return. Give name added from a supplemental report..... Registrar.

in interest in the state of Time Heart District District and the property of the second of - and the in South at the le rather of respect to ned Ben Annual of the Control of the State of the Control o said the maker both tooldess not the the place of the place and characters Coloring open ... St. F. El. And appropriate and rehelald and last week Elithence (city or charten Telefante of action of short Truck mathematics on attraction Transferred to the transferred and a contract to conta typical native orders in any BON TO MERCHANISM TO WEEK t. Indianty on biological in will offer the fire the manufactured are crisis at THE RESIDENCE OF THE PARTY werk was date. At the town LEWIST'S Office all Could Me Mean Jim and a contract of the day the property of The found mand The THEORY OF THE PART The production of the province of home and make the service of this are modern for the state of the said beautiful and the said of the said o the light to been you to will only for I wind was but with mod to The state of the s todal and aid to PRODUCTION OF THE PROPERTY OF env on w flor alternation of the will be and be and the will be a second of the second miles over a contract, an income THE REAL PROPERTY. CALLED WINDS THE CHAPT STREET



O 1986 STATE OF IDAHO DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of Bannock City of Pocatello State File No. Registration District No. Primary Registration District No. 2/6 (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME Infant Toomey 350 I. Buell Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) Dec 20193 4 ed or Divorced (write the word) Male White Infant 22. I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) I last saw h...alive on, 193...: death is said December 20. 1934. to have occurred on the date stated above, atm. The principal cause of death and related causes of impor-7. AGE Years Months Days If LESS than tance were as follows: Date of onset 1 day.... hrs. Ω or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc 9. Industry or business in which work was done, as silk mill, saw mili, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this (mo. and yr.) occupation ... Pocatello, 12. BIRTHPLACE (city or town) (State or country) Idaho. FATHER Arthur Lee Toomey Date of L Name of operation 14. BIRTHPLACE (city or town) Philadelphia (State or country) Pennsylvania. What test confirmed diagnosis was there an autopsy?.. DEA 23. If death was due to exter'l causes (violence) fill in also Martha Butterfield 15. MAIDEN NAME the following: Accident, suicide, or homicide? Date of injury ... 193. Q 16. BIRTHPLACE (city or town) Where did injury occur?.... (State or country) Illinois (Specify city or town, county, and state) Arthur Lee Toomey Specify whether injury occurred in industry, in home, or in Pocatello. (Address) --WRITE public place. ... 18. BURIAL, CREMATION OR REMOVAL Manner of injury Place. Posatello Date Dec 20194. Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased? . If so, specify .. (Address) (Signed) (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EXAMPLE I

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

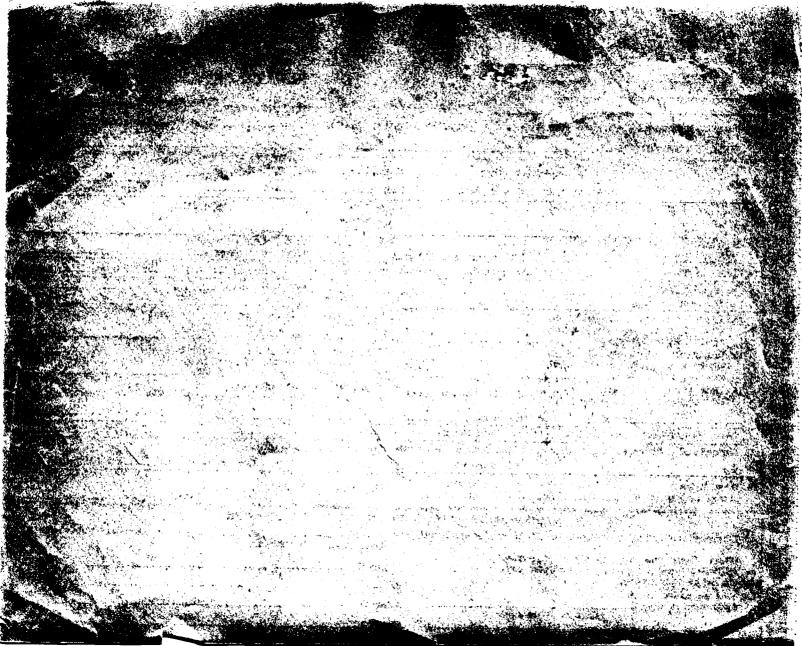
Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

FYAMPIF II

· · · · · · · · · · · · · · · · · · ·	EXAMPLE II		
Dute of onnet	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1 week ago	Attack of epilepsy	1915	Arteriosclerosis
1 week ago	Run over by street car	1921	Chronic interstitial nephritis
3 days ago	Peritonitis	July 5, 1927	Cerebral hemorrhage
1 year	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gallstones
heart	ER STATEMENTS BY PHYSICIAN There of homes The formal known come	FOR FURTH	Cent Rugar Wh
	ED STATEMENTS BY PHYSICIAN	FOR FURTH	Gallstones

319 204 82				
County of City of No.	or Bet OCT 1419;		STATE OF IDAHO LENT OF PUBLIC LU OF VITAL STATE RTIFICATE OF E	WELFARE 236277
Ven.	Minister Reg	ristration District No. – m. Registration District	No, 2/1/2 Loc	e File Noal Registrar's No
FULL NAME OF	CHILD Stillba	m low		B. Date ofn
Z o S. Sex o births	4. Twin, triplet, or other		7. Legiti- mate? Zyco	birth (Month, Day, Year)
9. Full name le le le le le le le le le le le le le	J. Carter	18. Full maiden name	MOTE e (usual place of about	Kallison
	give place and State)	(If non	resident, give place ar	d State)
(If non-resident) 11. Color or race			race 21. A	
13. Birthplace (city or (State or Countre 14. Trade, profession work)	37	(State	or Country) , profession, or particu	i miney, en
Y THE MOTE A	on, or particular descriptions, as spinner, derview oper, etc.	ا استراسی	rk done, as housekeep, , nurse, clerk, etc	er. Z
15. Industry or bu	- ,	24. Indus work lawye	try or business in w was done, as own he r's office, silk mill, etc	hich ome,
sawmill, bank, e 16. Date (month an last engaged in	this work	last e	(month and year) ngaged in this work	26. Total time (years) spent in this work.
	was used to prevent Ophthali	mia Neonatorum?	19	
28. Number of children	n of this mother (At time o	f this birth and including	g this child)	w dead (c) Stillborn
27. What prophylactic 28. Number of children 29. If stillborn, period of gestation	/ // mon	the	f stillbirth	Before labor During labor
Hereby certify the	at I attended the birth of this chi	TTENDING PHYSICIA		on the date above stated
or midwife, then the should make this retu		(Signed)	14 , W	Midwif
Give name added from		Address	reservo	Gul State
WRIT ne or		Filed Ce	1982	Barry,

THE STATE OF THE S



N. B....WRITE PLAINLY, WITH UNFADING INK..-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

-

PLACE County of	E OF DE	ATH	DEPARTM:	TATE OF IDA ENT OF PUBL U OF VITAL S	IC WELFARE	DO NOT WRITE IN TH	IIS SPACE
Cityof	Dmaat		CERTIF	ICATE O	F DÉAPH	State File No	
O169D1			Pagistration 1	District No	27		
					No. 2/19	Local Registrar's No	19
	/70.1.		(No	••••••)	1
9 T OTTT	NAME TO A	th occurred in	rar nosbital o	r institution, giv SEP	'e its name in stead (of street and number)	5 b
				Ye1.		······································	r
((tisual place	No e of abode)				Stsident give city or town and	đ state)
Length of r	esidence in	city or town v				n U. S., if of foreign birth?	
PER 3. SEX		ND STATISTI			MEDICA	AL CERTIFICATE OF DEA	тн
femal	i	olor or Race White	ed or Divor	arried, Widow- ced (write the	21. DATE OF DEA	ATH (month, day and year)	Oct 4 1934
		i	word)		22. I HEREBY C	ERTIFY, That I attended	deceased from
HUSBA	AND of	wed, or divor	rced		193, to		
6. DATE	VIFE of OF BIRTH	(month, day	, and year)		I last saw halive on, 193: death is said		
Oct	4.1	934				on the date stated above, a	
7. AGE	Years	Months	Days	If LESS than 1 day hrs.	tance were as f	se of death and related cau follows:	Date of onset
- 0 50	·			or .O. min.			
s. Tra	d of work	on, or particu done, as spi	iner.		11	orn	
9. Indi	ustry or bu	seeper, etc	ich	• • • • • • • • • • • • • • • • • • • •	Prem	ature	Ω.c.t4,.19
Wo:	rk was don	e, as silk mill k, etc	1.				
20 10. Da	te deceased at this	l last work-	11. Total tim spent in th	e (years)	045		
(mo	and yr.)	<u> </u>	occupation		Other contribute	ory causes of importance:	
12. BIRT	HPLACE (State or cou	city or town)	Presto	on.			
2			Idaho				
made		l J. Ca		T3-	Name of operation	n I	Date of
14. BI	RTHPLACE (State or	C (city or tow country)	wn)P.P.QS!	con, Ida.	What test confirm	ed diagnosis? Was there	an autopsy?
2 15 M	AIDEN NAI	0	e Rallis	son		lue to exter'l causes (violen	ce) fill in also
G .			the following: Accident, suicide,	or homicide? Date of	f injury, 193.		
[State or country] 16. BIRTHPLACE (city or town)		Where did injury occur?(Specify city or town, county, and state)					
17. INFO					ll.	njury occurred in industry,	
	Address)	ATION OR R	EMOVAL		H		
				193	Manner of injury Nature of injury	·····	Z)
PlaceDate			r minty in any way related	o occupation			
	Address)		, /	Q p	of deceased?	. Il specify	<i>(</i>
20. FILE	D <i>{{/.c.t</i>	K, 1935	The 10.	Registrar.	(Signed) (Address)	Preston, Idaho), M . D.
<u></u>					<u></u>		

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write name.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as sninner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular lar kind of store, factory, mill, etc., as grocery store; soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, cic. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	, .	EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of caset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	!	
Gallstones	May 1, 1923	Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		